DOCUMENT RESUME

ED 300 949 EC 211 094

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TITLE Direct Care Staff Training in Facilities Serving Persons with Developmental Disabilities: A Comparative Report of Training Practices in Iowa and in Model States. Final Report.
INSTITUTION Human Services Research Inst., Cambridge, MA.
SPONS AGENCY Iowa Governor's Planning Council on Developmental Disabilities Council, Des Moines.
PUB DATE May 87
CONTRACT 873214130501246403
NOTE 224p.; Portions of appendices contain marginally legible print. Best copy available.
PUB TYPE Reports - Descriptive (141) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC09 Plus Postage.
DESCRIPTORS Comparative Analysis; Costs; Demonstration Programs; *Developmental Disabilities; *Educational Practices; *Inservice Education; Policy Formation; *Residential Institutions; *Staff Development; Standards; State Programs; *State Standards
IDENTIFIERS *Iowa

ABSTRACT

The report presents information on current practices and issues in training direct care staff working in facilities serving developmentally disabled persons in Iowa and seven other states. The first section provides background information including purposes of the report and methods used to collect information. Section II is organized by four fundamental questions for policy makers. These are: (1) Who is to be taught? (2) What is to be taught? (3) How will staff be taught? and (4) How will training be paid for? Each question embraces issues identified in the review of Iowa and other state practices. A comparative analysis is made of the implications of and practices related to each issue discussed. Section III presents an in-depth review of current Iowa practices and profiles of the seven states (California, Colorado, Florida, Michigan, Montana, New York, North Dakota) with exemplary approaches to staff development. Finally, appendixes include information on the following: Iowa informants to the project, State policies and regulations for facilities and proposed training rules for community supervised apartments, Iowa state approved courses, Human Services Training Network, Iowa community college degree programs, Glenwood state hospital and school staff training program, and training standards from the Commission on Accreditation of Rehabilitative Facilities and from the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons. (DB)

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The Iowa Governor's Planning Council on
Developmental Disabilities
May 1987

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DIRECT CARE STAFF TRAINING IN FACILITIES SERVING PERSONS WITH DEVELOPMENTAL DISABILITIES

A COMPARATIVE REPORT OF TRAINING PRACTICES IN IOWA AND IN MODEL STATES

Final Report

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This project was supported by the State of Iowa Governor's Council on Developmental Disabilities (Contract Number: 8732141305012464O3).

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The recommended citation for this publication is as follows:

Langer, M., Choisser, L. & Agosta, J. (1987). Direct care staff training in facilities serving persons with developmental disabilities. A comparative report of training practices in Iowa and in model states. Cambridge, MA: Human Services Research Institute.

Table of Contents

I: Background Information

A. Purposes of this report..... 1
B. Methods Used to Collect Information.....2
C. Structure of the Report.....4

II: Considerations Relevant to the Design of a State Training System

A. Who is to be taught? (Target Group).....5

1. Staff position targeted.....5
2. Different service settings 6
3. Demographic characteristics of direct care staff..10

B. What should be taught? (Curriculum content).....10

1. Conceptual underpinnings of training approach 10
2. Designing a training curriculum 15
3. Curriculum flexibility.....18
4. Instructional methods 18

C. How will staff be taught? (Administration) 21

1. Mandated vs. voluntary training 21
2. Training incentives for individuals and agencies...27
3. Utilizing higher education resources.....28
4. Staff trainers.....30
5. Training effectiveness and quality assurance.....32

D. How much will training cost? (Financing).....33

1. Costs of training.....33
2. Sources of financial support.....35

E. Summary and Conclusions.....36

III: Selected State Profiles

A. In-depth profile of Iowa.....38
B. California.....49
C. Colorado.....51
D. Florida.....54
E. Michigan.....56
F. Montana.....61
G. New York.....64
H. North Dakota.....70

References.....75

Appendix A .. Iowa informants to the project
Appendix B .. State policies and regulations for facilities serving persons with developmental disabilities and proposed training rules for community supervised apartments
Appendix C .. Iowa state approved courses
Appendix D .. Human Services Training Network
Appendix E .. Community colleges training planning group activities
Appendix F .. Iowa community college degree programs
Appendix G .. Glenwood state hospital and school staff training program
Appendix H .. Training standards from the Commission on Accreditation of Rehabilitative Faciliites (CARF) and from the Accreditation Council for Services for Mentally Retarded and Other Developmenally Disabled Persons (ACMRDD)

I. BACKGROUND INFORMATION

A. Purpose of this Report

Policy makers concerned with providing optimal care and habilitation for persons with developmental disabilities recognize the instrumental role that staff development plays in a successful system. This is nowhere more evident than in Iowa where implementation of the proposed Bill of Rights has aroused lively discussion about the role of training standards and the development of a state sponsored staff training system. Such issues grow especially critical in the context of the deinstitutionalization of persons with serious behavior challenges, or others with serious medical or physical impairments (HSRI, 1985). Considering that the majority of client habilitation and daily contact occurs with direct care staff, it is clear that these staff hold the keys to client safety and progress.

Other aspects of community living also underline the importance of well trained staff. First, in many smaller residences, supervisors and administrators leave routine evening, weekend, and overnight duties to direct care staff. In these cases direct care staff are relied upon to exercise sound judgement when implementing programs and when responding to emergencies. Second, low wages and second shift hours contribute to the retention of direct care staff who may be young, inexperienced, and/or have received minimal education. Finally, the absence of professional stature, the disparity between wages paid for comparable work in institutions, and the frequent unrewarding aspects of the job itself may create a work environment in which staff are easily demoralized or "burned out." Providing staff with a well coordinated and comprehensive training program can be one antidote to these ills.

Although the importance of staff training is clear, devising means for assuring adequate training for all direct care staff involves intricate

policy decisions. To make best use of the experiences gleaned by other states, and to be fully cognizant of the training context as it presently exists in Iowa, the Governor's Council on Developmental Disabilities commissioned this comparison of in-state and out-of-state training practices. The purpose of this report is to present information on current training practices within Iowa and in seven other states, contrast these practices, and bring to light numerous key issues that must be considered.

B. Methods Used to Collect Information

The information for this report was collected from two places. An extensive search was made of training practices found in Iowa. A second search was made of other states containing exemplary training practices. Data was collected during September through December 1986.

1. Iowa Based Practices. Information regarding staff development in Iowa was obtained in three steps. First, an intensive investigation was conducted of current training options and procedures currently employed in Iowa. Utilizing information reported in a recent study of staffing issues (HSRI, 1986) existing training options were identified. Second, knowledgeable administrators, listed in Appendix A, involved with the various training options were interviewed either by phone or in person. These persons also assisted in identifying other training options and state personnel involved in training activities. Third, existing materials and records concerning staff development in Iowa were gathered and reviewed. In all cases, an attempt was made to identify the content, funding source, target group, administrative mechanism, and frequency of training activities. A presentation of the information collected is made in Section II of this report.

2. Practices Undertaken in Other States. Similar procedures were undertaken to collect information on exemplary training practices in other states. Information was obtained through:

- o A review of professional literature and reports;
- o A computer based search on training materials available through the American Association on Mental Deficiency (Note 1); and
- o Discussions with professionals knowledgeable about training activities across the nation.

In all, seven states were cited repeatedly for their training practices: California, Colorado, Florida, Michigan, Montana, New York, and North Dakota. These states exemplified either novel approaches to training, comprehensive and thorough training practices, and/or a superior state-wide curriculum. Persons in charge of, or fully knowledgeable about the training practices in their state were interviewed at length by telephone. Profiles of the seven individual states were then compiled. Copies of the profiles were sent to each state representative who reviewed the profile for accuracy and completeness. In this respect it should be noted that the profiles relect the opinions of state level administrators, and not those of service providers or direct care staff. Profiles of each individual state are presented in Section III of this report.

Though other states were reviewed, they were not profiled in detail because their system did not on the whole present a comprehensive training approach, (e.g., Kentucky, Louisiana, Massachusetts, Washington, Wisconsin). However, in

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1. The American Association on Mental Deficiency (AAMD) is a multi-disciplinary professional organization dedicated to the enhancement of knowledge about and services for persons with mental retardation. The AAMD has a computerized reference library on training materials for professional and paraprofessional staff. Several computerized searches relevant to staff development were requested for this report using this data base.

those states where specific aspects of the training offered are considered exemplary, such practices are noted.

C. Structure of the Report

This report is divided into three sections, with this section considered ths first. Section II is organized by four fundamental questions that require careful consideration by policy makers concerned with implementing a quality staff training system. These are 1) Who is to be taught? 2) What is to be taught? 3) How will staff be taught? and 4) How will training be paid for? Each question embraces several issues that surfaced in the review of in-state and out-of-state practices. A comparative analysis is made of the implications of and practices related to each issue discussed in Iowa and in the model states profiled. Section III presents an in-depth review of current Iowa practices and profiles of the seven states with exemplary approaches to staff development. Finally, specific printed materials and detailed information for reference are included in the Appendices.

II. CONSIDERATIONS RELEVANT TO THE DESIGN OF A STAFF TRAINING SYSTEM

A. Who is to be taught? (Target of training)

When developing an exemplary staff training system, planners must first agree on who the target of such training shall be. This question revolves around these concerns 1) whether training should be directed at administrative, supervisory, or direct care staff or some combination, 2) whether staff at specific service settings (i.e., institutional or community-based settings) should be targeted, and 3) the demographic characteristics of staff typically employed.

1. Staff position targeted. Three typical staff positions regarding developmental services are administrative, supervisory and direct care. Urgent training needs have been expressed for persons in each category. Financial and other causes of instability in community based facilities have been attributed to administrators who are poorly versed in fiscal and programmatic procedures. Supervisors, on the other hand, are charged with ensuring the implementation of consumer service plans as well as the overall successful functioning of the facility and appropriate performance of staff. In recognition of the pivotal role of supervisors, much training effort around the country is targeted to this group. (See for example the topics listed under New York's Supervisory Training Progam - Section III). In addition, numerous training workshops focus on supervisory skills such as staff management, leadership skills and advanced habilitation techniques. Indeed, professional consensus acknowledges that an effective training system for direct care staff must also take into account preparing supervisory staff to model and carry out the skills traught to direct care staff.

Finally, turning to direct care staff, accommodating the training needs of this group is essential for at least four reasons: 1) direct care staff have the most daily contact with consumers, 2) they are usually most directly responsible for carrying out habilitative programmming, 3) they are often chiefly responsible for providing a continually safe and caring atmosphere, and 4) thay are often the least experienced, trained or knowledgeable about persons with developmental disabilities. For these reasons the training of direct care staff takes precedence in the allocation of training resources. Accordingly, this study focused on training systems for direct care staff, although it is acknowleged that the best training system willl include a supervisory training component as well.

2. Direct care staff in different service settings. Training targeted for direct care staff must also be sensitive to the differing service settings in which they work. The training practices found around the country for direct care staff in institutional and community-based facilities is described below.

Institutional services. Given present funding mechanisms, it is not surprising to find that staff training practices are developed more fully for institutional rather than community-based services. Of the seven states profiled, two are noted because of their exemplary institutional staff training programs and one because of exceptional training offered for staff working in ICF-MRs. In a recent national review of training programs, Knowles and Landesman (1986) note that out of 43 states that responded to a survey on state-sponsored staff training, only eight mentioned training standards for direct care staff in private community-based facilities. This is not to say that training in institutional facilities can be taken for granted. The exemplary Colorado system was initiated partly because of a survey conducted by

the Health Care and Finance Administration (HCFA) of their institutional facility that found the facility deficient in certain habilitative practices.

Both New York and Colorado have developed a comprehensive training system for institutional staff. New York requires that staff successfully complete a 200 hour training course to qualify as a Mental Hygiene Therapy Aide (the entry level direct care position) and attend subsequent training sessions. This is usually completed within several months of employment. The training is competency-based, and makes use of self-instructional modules and videotapes. Written and performance testing is administered to staff with 100% accuracy required and participants earn college credit as they proceed. Knowles and Landesman (1986) cite the New York curriculum as one of three state curricula judged for excellence in their national review. Topics included in the New York State curriculum are listed in Section III of this report.

Colorado requires 18 weeks of training, 40 hours per week, for institutional staff. This is usually completed prior to staff employment. In addition to standard training topics (e.g., health and safety, introduction to developmental disabilities) staff are also trained in a state-wide systematized method of instructional programming and data collection. Colorado has invested substantial funds in developing this staff development system and in the qualified trainers necessary to deliver it. In some part due to these efforts the services offered in two of their three institutional facilities were deemed acceptable by HCFA during a second review.

In contrast, the Glenwood State School in Iowa also offers a 48 hour orientation, 88 hour Resident Treatment Worker class, and a 40 hour medication class. These sessions provide a reasonably thorough introduction to job skills, though some argue that the sessions should be expanded and improved. Topics covered at the Glenwood school are referenced in Appendix F. Unlike Glenwood, Woodward State School at the time of data collection, shows few

training activities.

Community services. Staff training available in community-based facilities is of primary interest in this report. In comparison to the training offered to institutional staff, there is less development of training systems for community workers across the country.

These circumstances persist for at least four reasons. First, most states purchase community based services from private service providers. Thus, the state's authority is more limited and indirect than the role it plays in institutions. In Massachusetts for example, while there is little state training for staff in community residences run by private vendors, staff who are hired for new state run and owned ICF-MR's, must complete a six week pre-service and transition training. Second, community-based providers and state-officials sometimes find it difficult to coordinate their efforts and to develop comprehensive staff development systems. Where a state does attempt to regulate training in private facilites directly, private providers may feel that the state is interfering with their locus of control. They may also regard state sponsored training as being out of touch with the specific needs of their clients and staff. Third, the very nature of scattered, small community-based facilities makes a systematic, standardized training system difficult to develp and costly to operate. Lastly, federal Medicaid dollars and other stable funding bases for institutions often provide greater resources for staff training.

Nonetheless, implementing effective staff training practices for those working in community-based settings is crucial. North Dakota, in fact, was required to develop state-sponsored training by court order. Likewise, many of the model states profiled in this report have overcome traditional barriers to develop comprehensive systems for training community based staff.

Compared to residential programs, training for staff in community-based vocational programs is even less developed. In fact, none of the states profiled make specific reference to training for day habilitative services. Yet great emphasis is today focusing on offering persons with developmental disabilities work in various integrated models (i.e., supported employment). The development of new habilitative strategies places great pressure on staff to expand their skills. Certainly, there are enough differences between residential and day habilitative programs to warrant a specifically designed training system for vocational services staff. Presently, there are specific training grants available to Iowa personnel working in integrated employment which are not being utilized. (Please see in-depth Iowa profile in Section III). This is an area that clearly warrants further attention.

3. Demographic characteristics of direct care staff. Staff training practices must take into account the demographic characteristics of those typically employed. For example, many direct care staff are not only inexperienced in developmental disabilities, but are also young, have never run their own households, have little education outside of high school, and yet are responsible for the care and safety of persons with complex needs. Tapping labor with such characteristics suggests that staff training practices be tailored to their specific needs, perhaps offering training in safety measures and household maintenance. In other states, the labor force may consist of persons with few English speaking skills. In Massachusetts, an "English as a Second Language" course is available to Institutional staff. In other areas, staff may be drawn from middle-aged homemakers who are returning to work. This population presents a different set of training needs. In our review of training practices, no curricula were found that specifically addresses the differing characteristics of direct care staff, though such sensitivity ought to be an important training goal.

B. What should be taught?

Our review of staff training practices in model states highlighted four major issues pertaining to training curricula: 1) Conceptual underpinnings of the training approach taken, 2) Designing a training curriculum, 3) Curricula flexibility to meet unique and changing needs, and 4) Insructional methods.

1. Conceptual underpinnings of training curricula. Any training system reflects the beliefs, philosophies, and attitudes of its developers. In the field of developmental disabilities, professional consensus has moved away from an approach based in the "medical model" toward one focused on habilitation and most recently discussion centers around means for maximizing community integration by organizing natural supports around persons with disabilities to help them compensate for skill deficits.

Unlike much of the training offered in other states, the training available in the profiled states all veer from the medical model. In many states, where minimum training is mandated or offered, training typically concerns only the physical care and health and safety of clients. Needless to say this is a critical element of training, especially when staff are involved in the care of medically fragile persons. However, comprehensive training should at the least also cover various habilitative objectives, such as, instructional methods, choosing what to teach, the principle of normalization, control of challenging behavior, gentle self-defense, individual program planning, principles of typical and atypical development, data collection and analysis, and how to work with local communities. Some less commonly cited, but equally important, topics include: social/emotional development, social skills, leisure

skills, stress management, team process and planning, interpersonal communication, nutritional services, human sexuality, and household maintenance.

A recent revision of the Iowa Resident Attendent Course includes material on many of these topics. The current standardization of the course by the Community Colleges and an investigation conducted by the Long Term Care committee on altering course content presents a rich opportunity to produce a state approved course with a state-of-the-art curriculum.

Table 1 displays the titles of major instructional units of several curricula identified in the model state review. This table shows numerous common threads in the curricula, namely introductory and background material on deveolpmental disabilities, health and safety issues, an overview of the service system, and program planning. Curricula differ on the level of emphasis and detail on behavior analysis and modification, development of particular client skills, such as social and leisure skills, behavior management skills, and normal developmental theory. However, none of the curricula incorporate recent developments in habilitative approaches, most notably the "Gentle Teaching" approach to behavior management and practices calling for maximum community integration and involvement. This last approach challenges the notion that persons having developmental disabilities must become greatly capable of normative functional skills before being fully integrated. Rather, it encourages staff to find ways for the person with disabilities to participate in his/her community (e.g., joining clubs or working at a job outside the agency aegis) and requires that community members make adjustments to the person with disabilities. (e.g., making arrangements

TABLE 1

TITLES OF MAJOR INSTRUCTIONAL UNITS OF STATE SPONSORED AND OTHER STAFF TRAINING CURRICULA

MONTANA: DEVELOPMENTAL DISABILITIES CLIENT TRAINING PROGRAM:

- Response Definitions
- Reinforcement
- Data Collection
- IPP Objectives
- Policies
- Normalization
- Assessment
- Task Analysis and Chaining
- Skill Maintenance
- Human Management Models
- Individual Habilitative Planning
- Prompting/Feeding
- Acceleration and Deceleration

MICHIGAN: GROUP HOME CURRICULUM:

- Introduction to Community Residential Services and Your Role as Direct Care Staff
- Environmental Emergencies: Preventing, Preparing, and Responding
- Health Maintenance
- Understanding and Working with Groups
- Introduction to Intervention with People who have Developmental Disabilities or have been Labeled Mentally Ill
- Your Responsibility for Protecting Recipients' Rights
- Interpersonal Communication
- Programming Skills for Working with the Mentally Ill
- Health
- Recognizing and Responding to Life Threatening Situations
- Medications
- Advanced Physical Intervention
- Introduction to Behavior Analysis and Modification with Developmentally Disabled Recipients

MICHIGAN: MCCOMB OAKLAND REGIONAL CENTER RESIDENT MANAGER EDUCATION:

- Orientation and Mental Retardation
- Elements to be Considered in Programming
- Educational Considerations
- Maintaining Healthy Environments
- Normalization
- Managing Behavior
- Community Placement
- Thoughts on Sexuality
- Fire and Safety
- Administrative Responsibilities
- Leisure Time
- Relationship with Natural Families

CALIFORNIA: RESIDENTIAL SERVICES SPECIALIST TRAINING PROGRAM:

- Overview of Developmental Disabilities and Services
- Educational Services
- Recreational Services
- Legal Services
- Medical/Dental Services
- Support Services
- Vocational Services
- Staff Support Services
- Assessment and Case Management Services
- Psychomotor Habilitation
- Personal Services

TABLE 1 (CONT.)

MASSACHUSETTS: ORIENTATION AND TRAINING - A MODULAR APPROACH FOR SERVICE PROVIDERS OF DEVELOPMENTALLY DISABLED INDIVIDUALS IN COMMUNITY BASED PROGRAMS:

- Understanding Mental Retardation: Definitions and Causes
- From the Institution to the Community
- Behavior
- Observing and Recording Behavior
- Reinforcement: The Laws of Contingent and Immediate Reinforcement
- Teaching Procedures
- Behavioral Objectives
- Human Rights: Restrictions and Restraints
- The Clinical Resource Team
- Levels of Mental Retardation
- Normalization
- Termination and Staff Turnover
- Defining Behavior
- Reinforcement: Primary and Conditioning Reinforcers
- Punishment and Alternatives to Punishment
- Prompts: Graduated Guidance
- Writing Behavioral Objectives for Individual Service Plans
- Role of the Service Coordinator
- Seizure Disorders
- Impact of a Developmental Disability on the Family
- Individual Service Plan and Recordkeeping
- Reinforcement: Factors Influencing Effectiveness
- Using Prompts to Teach New Behavior
- Fading Prompts
- Task Analysis
- Human Rights
- The South Middlesex Area and Service System

NORTH DAKOTA: MODULES COMPRISING CERTIFICATION OF COMPLETION IN STATE SPONSORED TRAINING (BASED ON KELLOGG CURRICULUM):

- Orientation
- Value-Based Training
- CPR
- Positioning/Movement
- Human Development 1
- Human Development 2
- Legal Issues
- Program Planning
- First Aid
- Behavioral Objectives + Measuring Behavior
- Team Planning
- Medications
- Seizures
- Behavior Management:
  - Assessment
  - Setting goals
  - Acheiving goals

NEW YORK: TOPICS INCLUDED IN STATE SPONSORED TRAINING:

- Curriculum Composite
- Fire Safety
- Exploring Values in Developmental Disabilities
- Nutrition
- Daily Living Skills
- Communication Skills
- Socialization
- Community Support Systems
- Personal Hygiene
- Medication Administration (Spanish)
- Overview of Developmental Disabilities
- Willowbrook Consent Decree (W.C.D.)
- Family Relationships
- Active Treatment Through the Program Planning Progress
- Behavior Management for the Aggressive Client
- Work and Personal Adjustment
- Sign Language
- Resource Development
- Clients Rights and Legal Issues
- Normalization
- Introduction to Community Residences
- Behavior Observation and Modification
- Leisure Time & Recreation
- Helping Clients Adjust to Community Living
- Medication Administration
- Diabetes & Its Management
- Supervisory Practices
- Instructors Guide

TABLE 1 (CONT.)

NEW YORK: TOPICS INCLUDED IN STATE SPONSORED TRAINING (CONT.):

- Interpersonal and Group Communication
- Normal Growth and Development
- Basic Therapeutic Activities
- Leisure and Recreation II
- Fire Safety Slides
- Behavior Modification Slides
- Problem Solving and Decision Making
- Health Issues
- Sensory Disabilities
- Adaptive Equipment
- Activities of Daily Living
- Client Rights
- W.C.D. Slide/Tape
- Daily Living Skills Slides/Tape
- Staff Development, Counseling and Performance Appraisal
- Physical Disabilities
- Communication Skills II
- Eating Skills
- Infection Control
- Normalization (Self-Instructional)
- Sign Language Videotape (VHS/Beta)

with the local grocer to assist the person with disabilites when s/he comes to shop).

Even the more comprehensive state curricula tend to neglect training staff in skills necessary for more progressive habilitative goals such as supported or integrated work. Training that addresses topics such as: social/sexual adjustment, legal and financial services, and the aging process are not apparent.

The absence of these perspectives is largely a matter of time-lag. It takes time for system leaders to embrace new philosophies and service approaches, and it takes longer still for these philosophies to be reflected in the state training material.

As mentioned, Iowa planners, with the benefit of the availability of these prepared curricula, spurred on by the Bill of Rights, have the opportunity to design a curricula that reflects the cutting edge in planning for the habilitation of persons with disabilities.

2. Designing a training curriculum.. Three considerations involved in the design of a curricula are: alternative procedures for curricula design, topic selection, and topic sequencing.

Alternative procedures for curricula design. Any state that implements a state curriculum will likely have to expend resources on curriculum development. Knowles and Landesman (1986) note that although many states spent a great deal of effort in materials design, the products were uneven in accuracy, comprehensiveness, readibility, and likely relevance to actual job responsibilities. In this light, it is worthwhile to recount the procedures used by two states who used independent contractors to design training materials.

Colorado, after releasing a competititive Request for Proposals, hired an expert consultant in training materials. Training materials and procedures across the nation were reviewed and those used in two facilities were recommended (i.e., the Murdoch center in North Carolina provided a model for preparation of habilitation plans and the Polk center in Pennsylvania provided a library of programs for reducing maladaptive behavior). Subsequently, staff from these two facilities were hired to come to Colorado to supervise the implementation of their training programs, and to prepare and test a group of Colorado staff to use the designed materials and methods to teach other staff in the state.

Florida also hired an independent contractor who was responsible for the development of performance based, highly acclaimed, videotapes and other training materials. This contractor was not a human services specialist per se. Rather, the company specialized in developing training materials for both the private and public sector, but had experience with the Program Analysis of Service Systems (Wolfensberger and Glenn, 1975). Florida representatives strongly advise the utilization of specialists in instructional design, arguing that such persons can prepare top quality materials irrespective of the particular content.

Due to numerous efforts around the country, there is no shortage of useful training materials and curricula. Iowa's own Clearinghouse at the Iowa University UAF offers a comprehensive collection of training materials for loan to professionals and providers (Human Services Training and Technical Clearinghouse, 1986). Access to training materials has been cited as a major strength of Iowa's training system (HSRI, 1986). Further, other fully developed high quality training packages are in the public domain and can be borrowed. Specifically, Florida utilized materials prepared by the Mississippi

Department of Health and Human Services, and these can be made available to other states as well. Training planners can take advantage of these prepared materials. This may be a cost effective procedure for Iowans to pursue.

Topic selection. Planners must also select the particular topics or units of instruction, often relying upon needs assessment surveys to accomplish this aim. This approach permits feedback from providers or staff on their perceived need for instruction. Some Iowa organizations already perform this function (e.g., IARRF). In the HSRI staffing survey (HSRI, 1986), behavior management techniques and crisis behavior mangement were the most frequently cited training need, with the social/emotional needs of clients mentioned third most frequently. Knowles and Landesman (1986) note 15 states that chose behavior modification as one of the three most important areas in which to train staff, 12 states selected health, 10 states selected safety and nine selected client-specific programming skills. Though requesting input from service providers is worthwhile, it should not be the only approach pursued. Systems planners may also have valuable opinions regarding what must be taught to staff, especially where there is interest in moving the system toward new or alternative habilitative practices.

Topic sequencing. After selecting the topics of the curricula, a second procedural coinsideration is the proper sequencing of the topics. Many states offer essential background information to staff first (e.g., principle of normalization, first aid and client safety, orientation to disabilities). Information pertaining to instruction and other related topics is presented during subsequent training sessions. However, it can be argued that general background information (e.g., normalization, introduction to disability) is best absorbed by staff after some period of employment and acclimatization to consumers and job duties. Staff development can be viewed as proceding through stages. Effective training will be sequenced to present that material which

can be most readily absorbed by staff at that stage of their job tenure, (Langer, 1986).

3. Curriculum flexibility to meet unique needs. Another objective for the design of a state-wide curriculum is that it be flexible enough to meet the training needs of providers who serve different consumer populations. Though a state-wide curriculum could provide training that is useful to staff serving all consumers, particular consumer groups require direct care staff who possess specialized skills. For example, consumers with challenging behaviors require staff who are skilled in non-violent crises intervention, while medically fragile clients require staff skilled in careful health monitoring procedures. An exemplary training system has sufficient flexibility to meet all these exigencies. This is usually accomplished by permitting some local autonomy over training topics. In North Dakota, providers are permitted to design their own sequence of training but are also required to provide certain standard topics of training. Likewise, im Michigan, agencies must deliver certain modules of instruction but have flexibility over remaining topics to meet their training requirements.

In addition, a state-wide curriculum needs to be designed with enough flexibility to allow updating on best practices in client care. Ideally, a system for keeping training content current should be implemented. Annual training needs survey (as used in North Dakota) or a standing training committee or department (such as in New York) can address needed training updates.

4. Instructional methods. There are various ways in which curricula material can be designed and delivered. Model states make use of the following design and delivery methods: performance-based objectives, on-site skill

acquisition, self-taught modules, the traditional classroom, advanced instuctional materials.

Performance based objectives. Several of the curricula reviewed employ a competency or performance-based design. This refers to the organization of content around the acheivement of specific job related skills, rather than the acquisition of general concepts (e.g., "normalization"). Often topic areas are delineated via the accomplishment of specific performance based objectives. For example, a recent curriculum guideline developed by Massachusetts Department of Mental Health (1986) lists the following objectives under the "infection control" topic: "Staff will 1) define the role of microbes and pathogens in our environment, 2) list the chain of infection, 3) list measures in preventing spread of infection, 4) demonstrate proper handwashing technique, and 5) understand methods of cross contamination."

A second example reflective of a more habilitative topic, could be drawn from the Human Awareness topic where staff objectives are: "1) Staff will have knowledge of current philosophy, policy and procedures concerning the rights and needs of the developmentally disabled for sexual expression ..., 2) Staff will identify their attitudes and issues about the sexual needs of persons with developmental disabilities, and 3) Staff will be familiar with the resources available for teaching appropriate expression of an individual's sexual needs" (Massachusetts Department of Mental Health, 1986).

Skill aquisition in criterion environments. Consistent with a performance-based approach, recent staff training efforts revolve around the instruction of staff in the environment in which they are expected to work. Staff are trained via a "hands-on" approach. In Colorado, for example, staff practice various instructional tactics with each other, and then, under supervision, practice and demonstrate these skills with the consumers with whom they will be working. Such an approach allows staff to sharpen their skills

through actual practice, eliminating ineffective teaching techniques while embracing proven practices. Both Colorado and Florida stress measuring and testing the comptencies of staff based on performance of specific skills in the work setting with actual clients.

Self-taught modules. The most simple and least expensive delivery structure is the self-paced and self-taught module. Staff working in the Massachusetts community-based system have prepared a self-paced curriculum (Jaro and Quiram, 1983) that permits direct care staff to complete the modules during non-active treatment hours, such as after clients are asleep or before their return from their daily vocation. North Dakota has largely designed its state training system around 14 self-study modules. The only major operating expense in such a delivery system is the reproduction of the modules themselves. One drawback to this system, however, is that without attention these materials can become quickly out-dated. Moreover, without a trainer present, questions regarding the content presented may well go unanswered.

Classroom approach. In contrast to training delivery at the worksite, coursework can be delivered via lectures, independent reading and the traditional classroom. Most states offer a mix of training alternatives. Classrooms are used to provide staff general information in such topics as client rights and the normalization principle, while on-site demonstration and supervision is used to teach specific skills such as client positioning, and use of prompts or reinforcers. Colorado offers 18 weeks of classroom instruction prior to on-site training activities. In contrast, in California training is delivered solely through classroom instruction.

Advanced Instructional materials. A final alternative in curriculum design is the use of state-of-the-art instructional materials. Several states invested in the preparation of videotapes and the installation of video

equipment in training sites or at specific facilities. Video tapes can display actual demonstration of performance objectives with clients. Florida hired professional instructional designers to prepare their highly regarded videotapes and training materials. New York uses video slides and films. Though Knowles and Landesman (1986) note the need for a first rate textbook, the availibility of satisfactory materials developed elsewhere may ease the costs of Iowa's present staff development initiative.

C. How will staff be taught? (Administrative structure).

This section focuses on issues pertaining to the administrative mechanism by which training is delivered. The following topics are reviewed:

1. Mandated vs. voluntary training;
2. Training incentives to Individuals/Agencies;
3. Utilizing higher education resources;
4. Staff trainers; and
5. Training effectiveness and quality assurance.

1. Mandated vs. Voluntary Training. Mandating a state level training system is a complex issue burdened often by political, logistical, and economic factors. However, mandating staff development practices from the state level is one means for assuring that all clients, in all parts of the state, in any size or type of facility, are being served by staff with at least a minimum level of presumed technical competence and knowledge. Mandates can be couched in licensure rules, quality assurance mechanisms, or contract compliance reviews. They can describe the number of hours of training required, the competencies to be acheived, topics to be reviewed, timelines to follow, and/or the percentage of staff that must be trained.

Six of the seven states profiled have mandated some type of training activity. Most states mandated numbers of hours staff must spend in training (ranging from 40 to 200). Knowles and Landesman (1986) note that 26 out of 43 states indicate some form of state mandated training, while 13 of these 26 had

a mandated standard for training. Several of the states profiled require training in the first year of service as well as additional training in subsequent years. Other mandates revolved around: 1) the timelines during which training must occur (e.g., Michigan requires 136 hours within the first 180 days of service, Florida requires 120 hours before staff can perform unsupervised duties with clients), 2) the competencies that staff must acheive, 3) the particular curricula that must be used (every state profiled offered or required the use of specified training materials), and 4) the presence of a facility staff training plan (e.g., Montana). Table 2 lists the mandates and state sponsored voluntary training activities in the states profiled.

There are, however, at least three disadvantages to state mandated training. The first pertains to its cost. Providers who are already stretching their funds cannot easily absorb additional costs for training. Mandated training without financial backing can only exacerbate the sometimes precarious cooperation between private providers and the state. Second, a simple mandate of hours does not assure the quality and content of training. Lastly, mandated training, in the form of standardized curricula, prohibits private vendors the opportunity to develop their own training package that is tailored to the needs of their facility and clients. In this regard state-sponsored training is sometimes viewed as "out-of-touch" and may not receive the support within agencies that helps to assure training efficacy.

In this regard, Montana's experience is noteworthy. Montana developed a thorough curriculum and was sponsoring state training of all new direct care staff. However, state staff found that this effort yielded mixed results. Unless the training was valued by individual vendor administrations, training was having minimal impact. This fact together with high turnover rates, and reduced financial commitment, prompted the state to withdraw from offering

TABLE 2

VOLUNTARY AND MANDATED TRAINING IN PROFILED STATES

	MANDATED	VOLUNTARY
Colorado Regional Center	Successful completion of an eighteen to fifteen week course and one year of service before promotion to full direct care capacity and pay.	
New York Development Centers	Successful completion of a 200-hour course to qualify for full direct care capacity.	
New York State Community Based Services		Numerous state sponsored courses and workshops available at district state MR/DD offices.
Montana Community Based Services	Training plan in place at each facility. ACMRDD certification.*	Completion and certification in state sponsored training package (offered at nominal fees to individual providers). Training of facility personnel in the state sponsored curriculum who can then administer the state training curriculum at the individual facility site.
Michigan Community Based Services	Eighty hours within thirty days of employment. Eighty additional hours within first 180 days of employment.	Training for trainers in the state curriculum.
Michigan State Hospitals	Eighty hours of orientation. Eighty hours prior to promotion at the end of the first year. Three to five days annual updates thereafter.	
Florida ICF-MR's	120 hours within six months. Forty hours per year thereafter.	

TABLE 2 (CONT.)

	MANDATED	VOLUNTARY
Florida Community Based Services	Sixty hours orientation. Twenty hours annually thereafter.	
North Dakota Community Based Services	Forty hours of orientation. (This is a court ordered and not a state mandated requirement).	100 hours in state sponsored training curriculum. Utilization of training toward state sponsored Associate Degree in developmental disabilities. State sponsored workshops.
[illegible]fornia Com[illegible]ity Based [illegible]vices		Enrollment in state sponsored curriculum offered through community colleges.
[illegible] - Glenwood [illegible]ate Schools	Forty-eight hour orientation. Eighty-eight hour resident treatment worker course.	Forty hour medication course for persons responsible for distributing medication.
Iowa Community Based Services	Training in day programs as stipulated in accreditation for C.A.R.F. or ACMRDD.*	

*Please see Appendix H for training standards.

mandated training. Presently, Montana simply requires that a training plan be in place in each facility. The state offers voluntary inexpensive training of staff members to complete the state curriculum and additional training that permits the staff member to offer the state training in their own agency. This process has allowed individual facilities to "own" their training programs and some facilities have prepared training packages worthy of the same certification offered for the state curriculum. The philosophy behind this training system is not unlike one of the principles behind Iowa's Human Service Training Network - that individual providers can themselves be a rich source of training expertise. The present Montana system walks the delicate line between permitting local autonomy and assuring statewide competence of staff. They do report, however, that the withdrawal of state training has spelled a decrease in training activities for those providers who did not initially value training.

An alternative to a mandated approach involves "voluntary participation." Every state profiled offers such training along with or in place of mandated practicies. Several states (e.g., Montana, North Dakota, Michigan) purposely adopted a blend of a state mandated curriculum together with provider determined curricula. This assures that while certain basic competencies are obtained, private providers maintain some degree of autonomy over training curricula. For example, North Dakota has a court-ordered training requirement of 40 hours. The content and procedures of these hours is left in part to the discretion of the individual private vendor. The complementing state voluntary training (a system of 100 hours of training usually completed in two years) utilizes a very specified curriculum. Likewise, Florida requires a very precise curriculum for the first 120 hours of pre-service, but leaves the subsequent additional 40 hours of in-service training per year up to the individual vendor.

The flexibility that can be gained by voluntary training approach may be offset by the lack of basic competencies developed in all areas. That is, in a voluntary system, staff may end up only being trained in those areas available in their locale or providers may select certain types of training and not others.

Iowa, not unlike many states, presently mandates little or no staff training, though some such training exists due to federal ICF-MR requirements. Community Living Arrangements requires orientation, and the Department of Health requires that all persons who dispense medication in facilities either be nurses or be trained in a 60 hour resident attendant course and a subsequent course on medication administration. Although all vocational facilities are required to pass the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation process or that of the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons (ACMRDD), CARF standards (unlike ACMRDD) indicate only general measures of the training necessary to assure staff competence. (Training standards used by CARF and ACMRDD are listed in Appendix H).

The absence of mandated training in Iowa contributes to the wide variation in training activities across the state. Some remote and rural-based providers may offer as little as three days of training in a year, while larger or urban-based providers can offer as many as three weeks of training or more. According to one Iowa source, economies of scale permit larger agencies to offer training packages, while smaller facilities with relatively fewer resources have greater difficulty supporting training.

The absence of mandated training does not imply that there are no training activities in Iowa. In fact, as the Iowa profile indicates, there are many training activities of which private providers can and do take advantage. The

Human Services Training Network offers a novel and inexpensive approach to meeting training needs, (See Appendix D). Further, providers have demonstrated a great deal of interest and support for training, although many are reluctant to have training mandates imposed on them without the finances to support it (HSRI, 1986).

2. Training Incentives for Individuals and Agencies. Should a state opt to use a voluntary system of training, there are a number of incentives that can be offered to encourage both individuals and agencies to utilize the staff training available. Perhaps most persuasive among these is financial remuneration. In North Dakota, agencies may budget a 5% salary increase for staff who are anticipated to complete the state curriculum in the coming fiscal year over and above standard increases for tenure or merit. Another financial incentive is the funding of release time and/or adequate coverage for staff absences due to training. Individual providers may employ facility specific training incentives such as increased salaries or bonuses upon successful completion of training. This is especially useful where training proceeds via self-paced modules.

Aside from strictly monetary rewards, certification can be a powerful incentive to complete training. Three states (i.e., Colorado, Montana, and North Dakota) all stressed that when certification is perceived to reflect the achievement of a level of competence, or, as in the case of Colorado, when certification implies a capacity to utilize a state system of skill instruction and/or documentation, certification can provide an individual with an "edge" over other applicants when seeking a job in another facility in the state. This incentive is particularly useful in states such as Iowa with depressed economies where direct care positions are sought out by potential employees. One argument against certification is the concern that some professionals have

that an over-professionalization of direct care roles will impinge on the development of more normalized care such as foster homes and/or adoptive homes.

Another frequently used incentive is college credit or continuing education credit given for training. Often, as is the case in Iowa, training is offered by and through community colleges and tuition fees are reimbursed by the agency. Massachusetts offers free state college tuition to state employed direct care staff who complete staff training even when they may be pursuing a non-related degree.

Finally, promotions to a new state job level, or simply to a higher position within the agency may be contingent upon successful completion of training.

In Iowa, providers utilize various in-house measures by which to encourage training. There is no state wide incentive other than college credit used to encourage either facility or individual utilization of training.

3. Utilizing Higher Education Resources. As noted above, making college credits available is a strategy that can be used to encourage participation in staff training sessions. There are, however, additional means by which colleges can be used to support staff development efforts. The community college system represents a great resource for developing an exemplary staff development system. Several of the states profiled demonstrate ways in which community colleges were put to the advantage of training efforts. North Dakota, for example, maintains a contract with Minot State College to supervise their state training system and to implement an Associates Degree program in Developmental Disabilities. The state contract pays for a full time doctoral level director of the program and a secretary. The program is planned in conjunction with the voluntary state training system, so that anyone successfully completing the state training will have earned credits towards the Associates Degree. Although the staff person pays their own tuition for

additional course work, the opportunity of a college degree provides an incentive for many persons to complete the training and the degree program. Presently, 30 persons have acheived the Associates Degree of this program.

A distinct advantage to this approach is that funding for the training is derived through state or local higher education dollars rather than through human service sources. Many community colleges are reimbursed according to the number of students enrolled, so that an active student enrollment in training means more revenue for the colleges as well as reduced training costs for generic human services. A nominal tuition fee is required of enrollees.

The California system is much like the present administration of medication courses and the resident attendant course in Iowa. These courses are offered by and through the community colleges, the colleges are reimbursed for enrollment, and providers pay a nominal fee for enrollment. A distinct disadvantage to this approach, however, and one that is experienced by California, is that the colleges will offer the courses only so long as there is sufficient enrollment.

Aside from offering specific courses that are related to training, community colleges can be used to develop a labor pool of human service professionals through an Associates degree program. Knowles and Landesman (1986) report that 14 states indicate that colleges have some responsibility for staff training. There are several such programs available through the Iowa community colleges. Several of the community colleges offer degrees or certificates in Human Services (Iowa Valley Ellsworth Community College), with specializations in adult rehabilitation (Iowa Lakes Community College), handicapped services (Kirkwood), and developmental disabilities (Des Moines Area College at Akeny). These programs are detailed in Appendix F of this report.

Although Wisconsin is not profiled in this report, a special mention should be made of its "Community Developmental Disabilities Associate" program, initiated with assistance from the University Affiliated Facility at the University of Wisconsin-Madison. This is a two year program which meets mandatory course requirements for the associate degree and includes 40 hours in the major field of developmental disabilities. Included in this are five credits of field placement in the second year. Particular features of this program are: 1) the actual planning and implementation of the program involved a cooperative, system wide integrated effort among a variety of adult service agencies, advocates, consumers, parents and educators; 2) the district colleges implement the program in response to the employment needs of the area; 3) training content is based upon the regional employment needs of the district; 4) a functional curriculum based on relevant job skills was designed; and 5) long term monitoring and evaluation is a vital component of the program.

4. Staff Trainers. Two crucial elements of any staff development system are the trainers hired to teach direct care staff needed skills and the administrative structure used to implement the training. The states profiled employ varying approaches to assure that these essential system components are working effectively. Florida retains 10-12 professional trainers, who are state employees, charged with monitoring the implementation of a staff training system in the state's ICF-MR's. Facility staff there are trained by the professional trainers in the use of the videotapes and manuals. Subsequently, these newly trained staff will be responsible for training other staff. As previously mentioned, Colorado has also invested in the preparation of trainers who are capable of supporting ongoing training efforts at Colorado's regional centers. Similarly, North Dakota funds a separate training position for every 65-70 direct care staff, with smaller agencies sometimes sharing a trainer.

This person is responsible for supervising the progression of staff through the voluntary 16 modules training curriculum.

Using an alternative approach, Montana trains agency "proctors." These persons are employees of individual private vendors and have already completed the state voluntary training certification. At a nominal charge to the agency, proctors are trained by the state in the administration of these materials, and upon return to their home agency, are permitted to train other staff in the state sponsored curriculum. In Michigan, state training is offered in numerous training sites around the state by persons who are themselves trained and authorized to train others.

Because there are limited training standards in Iowa the question of assuring the competence of trainers is crucial. The state approved courses on medication administration are taught by registered nurses. Local training sponsored through the Human Services Training Network (HSTN) may use sites and workshops and presentations organized and approved through the HSTN. A detailed description of the training activities of each of these sources is detailed in the in-depth review of Iowa based training (See Section III).

A final option of staff trainers is the use of experienced staff. It is useful to note again a presumption underlying the approach taken by the Human Services Training Network: that vendor staff offer a reservoir of expertise and knowledge in the training and care of clients. Without a doubt, experienced staff offer useful knowledge about the particular clients in their facility. Such knowledge may include particular learning patterns, most effective reinforcers or instructional methods, client emotional and social needs, behavioral idiosyncracies, and likely precipitants of maladaptive behavior. In fact, an HSRI review of model programs serving clients with endangering behavior (HSRI, 1985) reveals that administrators associated the

successful community placement of these persons with experienced staff well acquainted with client nuances.

A state sponsored training program could judiciously underscore the kind of informal training that often occurs in facilities between junior and senior staff. One Colorado administrator noted that by simply documenting these on-the-job informal supervisions and trainings substantial training was evident. Knowles and Landesman (1986) argue that if this kind of supervision constitutes training, then procedures to ensure its effectiveness and timely delivery must be considered. Of course, to the extent "experienced" staff act in ways that do not reflect acceptable practice, these same mis-informed practices may be passed onto naive staff. Thus, where this approach is used steps must be taken to assure that senior staff do, in fact, have skills worthy of being taught to others.

5. Training Effectiveness and Quality Assurance. No matter how sophisticated the system, without some measure of its effectiveness state planners cannot be assured that training has acheived its purpose. There are some outcome measures available that have been used to measure successful completion of training. These include pre-and post tests, comprehensive final exams, and the demonstration of specific skills. Additionally, Knowles and Landesman (1986) report on several different mechanisms to monitor and evaluate training systems: inspection of trainer lesson plans, feedback from supervisors and participants, and site visits to training sessions.

A larger issue looms, however, which is whether the training offered has resulted in measureable improvement of staff performance. During the HSRI personnel survey (HSRI, 1986) several respondents mentioned that although they send staff to workshops, staff do not seem able to generalize their learning to on the job performance. In a review of the literature, Ziarnik and Bernstein (1982) report that at best training only sometimes works to improve

demonstrable job skills. A recent report suggests that a "competency-based hands-on" training package was effective in improving staff performance (Burch, Reiss & Bailey, 1987).

Some interpretations can be made of these reports: 1) that unless training is an active on-going component of the private vendors whole service delivery system, training can simply be seeds planted on unfertile ground, and 2) training must be complemented by on-the-job skill training, testing, and supervison. The first interpretation highlights the experience of Montana previously reported. The second suggests that supervisory personnel should be present who can actively exemplify the principles and methods embodied in the training and monitor the performance of others. Too often, especially in smaller facilities, supervisory staff are not visible during all active treatment hours so staffing practices that are in error are not easily discovered and corrected and junior staff are not often exposed to well trained models.

D. How much will training cost? (Financing).

Two issues pertaining to the cost of implementing a training system include: assessing the costs of staff training and the sources of funding for such training.

1. Costs of Training. Assessing the costs of training is a troublesome task because costs depend on the amount and type of training sponsored. Specific costs include: preparation and dissemination of materials, training of trainers, costs for the space where training is held, administrative and quality assurance mechanisms to implement, monitor and update training, travel, lodging, and meal expenses of persons providing and/or receiving the training, and coverage by relief or additional staff during staff absences due to training.

These costs can be distributued in numerous ways such as building

them into purchase of service contracts, maintaining a state level training budget or charging training recipients directly. Costs and funding structures of the states profiled are summarized below. When reviewing these figures, differences in the size of the population served in these states should be taken into account.

Regarding the states profiled, Michigan is not able to estimate costs for their community based training. However, roughly 3.5 million dollars is spent yearly on training state hospital staff (for facilities serving both persons with mental illness and developmental disabilities). Divided by the number of clients served, costs are estimated at roughly $583 yearly per inpatient client.

Montana claims to provide sufficient monies in vendor contracts for staff relief time. There is no charge for the state sponsored training or training of proctors although vendors may pick up travel and meal costs. Montana employs 12 state training managers and funds a training library. These costs amounted to approximately $130,000 in 1986.

North Dakota purchased a $66,000 contract with Minot State College to develop, implement and supervise the state training program and the complementary Associates Degree program. North Dakota adds on a 10% multiplier to vendor purchase of service contracts to allow for coverage for all staff absences including those due to training activities. The state sponsored workshops are fee based and are self-supporting. Training modules are provided at no cost to vendors and are copied at state offices.

California offers its training through community colleges which are funded via educational mechanisms.

Colorado invested $225,000 into the recent reorganization of their state habilitation system and the training of trainers. Implementation of training is subsumed under individual regional center budgets. In addition, the

regional centers have been able to have all prospective and new employees attend an 18 week classroom training session on employees own time and at their own expense, so that state operating costs for training have been minimal.

Florida invested $470,000 into the preparation of instructional materials and videotapes for only one module of their total training package. Year to year training costs are negotiated through individual purchase of service contracts. There is no set formula used for this for this, however a general rule of thumb presently recommended (though as yet not implemented) is to apply a 5% factor to the total agency budget to assess training costs. Such a formula would be useful for all facilties except those that are very large or very small.

2. Sources of Financial Support. The primary source of funding for all states is state revenue. However, some other funding sources have been identified, including:

- Title XIX and Title XX dollars;
- Federal training grants available through The National Institutes of Mental Health, Rehabilitation Services Administration, Adminisrtation on Aging, National Institute on Disability and Rehabilitation Research, and other related federal agencies. Michigan has sponsored a large measure of their training program through NIMH dollars in grants awarded for the past seven years;
- Private foundation grants, such as the W.K. Kellog foundation;
- Monies made available through state Developmental Disabilities Councils and University Affiliated Facilities;
- Monies from private advocacy organizations (e.g., Easter Seals, Association for Retarded Citizens);
- Training sponsored through employee unions. The state employee union in New York sponsored a substantial training package for employees in state facilities; and
- Donated training time from employees and prospective employees. As mentioned above, Colorado is able to fill full-time training classes for 18 weeks by persons applying for direct care positions at their regional centers. This is done on trainees' own time and expense, even when positions are not guaranteed. Regional centers are used for training sites and instructors are regional

center employees. In effect, this amounts to a very inexpensive training system. In the one region where there is a smaller labor market, new employees may begin their job without having completed the 18 week course. In these cases new employees are not enstated at full direct care capacity and pay until they undergo the 18 week training at thier own time and expense.

E. Summary and Conclusions

There are many issues that require careful consideration when designing a state sponsored plan for training. Equally clear, there are numerous alternatives possible and the states profiled demostrate a variety of ways that training needs can be addressed. Circumstances that are unique to Iowa can help fashion a plan of training that grows out of current Iowa strengths and is sensitive to its present limitations. These are:

- Use of prepared curricula. Present financial constraints on the Iowa state economy may prohibit the development of elaborate state-of-the-art curricula materials. However, there are many high quality materials already in the public domain (e.g., the Mississippi material which formed the basis of Florida's present training system, the Kellog curriculum, and Jaro & Quiram self instructional modules). These materials can be borrowed and adapted. A more economical effort may be taken to coordinate materials rather than "reinventing the wheel." Certainly, the Clearinghouse already operating at the Iowa University Affiliated Facility is a vital resource of training materials.

- Utilization of all funding mechanisms. Financial constraints do not have to spell an inadequate training system. Both Montana and North Dakota are operating sound training systems under depressed economies. Decentralized training, use of indigenous agency personnel, and/or use of printed self-taught learning modules may help reduce costs. In addition, there appears to be several training opportunities that are presently funded and operating (e.g., grants through the Rehabilitation Services Administration, coursework at Community colleges) which, if properly coordinated, can help evenly distribute training resources about the state. There are other training dollars that are available but require active pursuit, such as grants through the National Institutes of Mental Health. A full time training grants developer may be in order to help access these funds.

- Use of indigenous Iowa training structures. There are in Iowa several training structures already in operation. Efficient planning will attempt to use these systems that are in place, rather than design new structures. Specifically, the resident attendant course has the potential of becoming a viable training resource. To become so, close cooperation between the community colleges, the long term care committee, the Department of Health

and the Department of Human Services is required to prepare an exemplary state curriculum. In addition, efforts would have to be taken to ensure that this course is utilized more widely and evenly.

A second structure already present is the Human Services Training Network. The network, through the various regional activities, has been able to provide a wide range of low-cost training activities in Iowa. The district level cooperative effort of community college education coordinators, provider representatives and other persons concerned with training is a valuable mechanism to utilize whether the Network remains or dissolves as an active entity. Other structures that have been valuable resources of training are: the Iowa Association of Rehabilitation and Residential Facilities - (Education Committee) and Community College degree programs and coursework in developmental disabilities.

- o Provide sufficient funding for training. As reported in the HSRI staffing survey (HSRI, 1986), the relationship between private vendors and the state administration is presently less than ideal. Providers evidenced a resistance toward any further state mandated training or staff competencies. Their major concern is that training may be mandated while no further funding is allocated to meet this mandate. This would be an untenable situation for providers who may already find themselves barely able to meet operating costs and salaries. Clearly, any state-wide training will have to be packaged together with the necessary funding. Florida stressed that training cannot be implemented without a financial commitment from state leaders.

- o Training in state-of-the-art habilitative methods. One final note is that even the most comprehensive state sponsored curriculum neglected the more progressive turns in the habiltative care of persons with disabilities. Clients require a range of habilitative services not addressed in most curricula such as integrated work, social/emotional adjustment, and legal and financial services. In addition, all of the training packages did not reflect the kinds of staff that the training was addressing. That is, the training needs of middle aged persons with work experience is likely to be different from those of staff who have just completed high school.

To conclude, the Governor's Council on Develpmental Disabilities has wisely identified the development of a plan for staff training as a crucial concern in services for persons with developmental disabilities. Armed with an understanding of the key issues in preparing such a plan, and with an assessment of current in-state and out-of-state practices, the Advisory Committee to this project can begin composing the essential ingredients for an exemplary Iowan staff training system. The results of the Advisory Committee's efforts are presented in further products of this project.

Section III

State Profiles

IN-DEPTH REVIEW OF IOWA TRAINING ACTIVITIES

Contacts: Information regarding staff development activities was drawn from interviews with numerous persons involved with training in Iowa and from a review of existing materials. A list of those persons who participated in this study phase appears in Appendix A.

Context: Although numerous means for training staff are available, no state-wide system or mandate for training is presently in place in Iowa. This may result in uneven staff development across the state, with rural and small providers often unable to provide a comprehensive training package to their staff (HSRI, 1986). However, the implementation of the Bill of Rights legislation may provide the impetus for a improved state wide training system. Hence, a close examination of the current training practices and options is warranted. Such an examination can provide the basis from which a plan for developing an exemplary training system can be devised.

Mandates: There are no comprehensive staff training mandates required in Iowa for programs to be licensed, though some general rules implying a need for training in specific programs do apply. For example, rules relating to Residential Care Facilities for the Mentally Retarded (RCF-MR) and Community Supervised Apartment Living Arrangements (CSALA) state that the facility administrators are responsible for the selection and supervision of competent personnel. CSALA's require provision of orientation for all employees. Other rules require staff competency or knowledge in client safety, resident rights or physical care. Further, all day programs in Iowa are requried to obtain either CARF or ACMRDD certification, both of which stipulate training requirements (See Appendix G for a listing of CARF and ACMRDD requirements). ICF-MR rules require a staff training program that includes an orientation for all new employees. Such a program should include habilitative philosophy, organization of the program and practices, and should be appropriate to the size and nature of the facility. Inservice training should also be provided for employees who have not achieved a desired level of competence. Additionally, continuous inservice training should be provided to improve the skills and competencies of all employees.

Finally, residential facilities in which clients receive medication are required to have those staff dispensing medication trained in a state approved course on the administration of medication. These courses are approved by the Department of Inspection and Appeals of the Iowa Department of Health. In all facilities, except CSALAs, persons who take the approved medication course must also complete as a prerequisite the 60 hour Resident Attendant Course (described below) which is also approved by the Department of Health. In addition, large facilities (over 15 beds) must employ an "activity coordinator" who successfully completed a state approved course on this topic.

Proposed Rules Under Consideration. The Department of Health is expected to introduce rules this year or the beginning of next year that will require all direct care workers to complete the resident attendant training program. No funding has been proposed to support this training provision. Also under consideration are additional rules that will apply to county care facilities. Proposed rules for the county care facilities and copies of the facility rules are summarized in Appendix B.

Training Activities Available to Iowa Providers and Staff

Despite no statewide mandated or sponsored training, there are numerous other opportunities for training. They are: 1) state approved courses, 2) federal and state funded training activities, 3) opportunities for training in higher education, 4) training available for state school employees, and 5) training sponsored by private organizations.

State Approved Courses Five training courses have been approved by either the Department of Human Services or the Department of Health for training staff who work in facilities that serve persons with developmental disabilities. They are listed and described below.

1. Resident Attendant Course.

   Despite no statewide mandated or sponsored training system, there are numerous other opportunities for training. They are: state approved courses, federal and state funded activities, opportunities for training in higher education, training available in state schools, and private organizational sponsored training.

   The Resident Attendant course includes 60 hours of training and is designed to develop the following staff skills:

   - Recognizing the needs and rights of the residents and providing the support necessary for residents to accomplish daily living activities;
   - Describing the various types of services and personnel required to assist the residents with specific emphasis on the role of the residential attendant; and
   - Discussing the ethical and legal responsibilities of the residential attendant when working with residents.

   Approximately two-thirds of the instruction focuses on the agency's habilitative philosophy, client safety, physical care and nutrition. About one-third deals with developing individual care plans and techniques for

working with the residents (See Appendix C, Residential Attendant Course). This course is a prerequisite for all courses (except those for community living facilities) related to the administration of medication. Some Iowa providers require that staff complete this course regardless of the facility need for staff who are certified to administer medication.

The Resident Attendant course is taught at community colleges as well as at facilities. Colleges may now offer approved variations of the resident attendant course as approved by the Department of Health. There is movement, however, toward standardizing the resident attendant course provided by the community colleges. Those courses provided by facilities are not standardized but must be approved by the state.

The content of the Resident Attendant Course is presently under review. Staff at the Human Services Training Network surveyed Iowa residential providers regarding skills they thought should be included in the Resident Attendant course and are meeting with members of the Long Term Care Committee to suggest alternative course contents. After the committee has developed its recommendations, the suggested course content will be presented to the Board of Inspection and Appeals of the Department of Health for approval.

Reports from the community colleges to the Human Services Training Network show that seven community colleges offered the Resident Attendant Course last year. The cost ranged from $0 to $102 per participant for between 60 and 90 hours of training. Ninety-seven people completed the course. It can be assumed that other agencies also trained resident attendants in programs not provided by the community colleges. Individuals completing these courses are not included in this figure.

2. Medication Aide Course.

This is a 50 hour course required for staff who administer medications in ICF-MRs and RCF-MRs larger than 15 beds. The Resident Attendant Course is a prerequisite. The Medication Aide course teaches the knowledge and skills necessary to administer non-parenteral medication. For successful completion, the students must pass a state-prepared examination and demonstrate competence in the safe administration of non-parenteral medications. This evaluation is made by an R.N. and submitted to the area college. A certificate is awarded by the area colleges verifying successful completion of the approved course.

Last year two community colleges provided the medication

aid course at a cost of between $62 and $85 per person, with 53 persons attending.

3. Medication Manager Course:

This 10 hour plus course prepares residential attendants or nurses aides/orderlies to administer nonparenteral medications in a specific MR/residential facility of 15 beds or less. The student must successfully pass a 50 question examination prepared by the area college and demonstrate competence through the successful completion of the clinical evaluation that is supervised and evaluated by an R.N. The area colleges award certificates verifying successful completion of the approved course.

Three community colleges reported teaching the medication manager course last year for a cost of between $10 and $77 per participant. One hundrend an twenty-three individuals completed these courses.

4. Medication Course for Supervised Living Arrangement:

This 10 hour plus course is designed to prepare men and women to safely administer nonparenteral medications to clients in supervised apartment living arrangements. The emphasis is on the safe administration of medications from prescription bottles and recognizing and reporting common reactions. A certificate is awarded by the area college verifying successful completion of the approved course. This is the only medication course that does not require the Resident Attedant course as a prerequisite.

5. Activity Coordination Course:

This 42 hour course prepares employees to work as activity coordinators in long term care facilities. The course content includes information to assist staff in designing activity programs that will assist the residents physically, mentally and socially. Course methods are designed to simulate the work setting, and help the trainee apply what is learned in class to real work settings. Area colleges award a certificate verifying successful completion of the course.

Federal and State Funded Training Activities There are several federal and state bodies that that are sponsoring other training activities in Iowa. Each one is listed below.

- Iowa State Mental Health and Mental Retardation Commission. Presently, the Commission does not fund any training activities. However, they have set training as one of the funding priorities for the 1987 fiscal year, available on an RFP basis. The award is expected to be

for pilot testing of effective training models. Such awards are typically viewed as seed money rather than as ongoing support.

- Iowa Governor's Planning Council for Developmental Disabilities. The Council has funded the Human Services Training Network (HSTN) since 1981 to develop a training network among providers in Iowa and to provide consultation services and assistance in developing particular training programs (see Appendix D for program description). A process that was developed in one region and then implemented across the state since 1981 has resulted in increased training to direct care staff in Iowa. This process is a cooperative effort organized around Iowa's 16 community college districts. Each district has a local Training Planning Group consisting of representatives of public and private human service agencies and the community college continuing education coordinator. The Training Planning Group identifies training needs and works with the community college coordinator and the UAF Clearinghouse to identify training needs and provide training activities. Training groups are loosely affiliated as the Human Services Training Network. They receive some resources for training activities through the network. They may organize individual workshops and/or provide technical assistance to facilities. Sponsored training is usually offered at the district community college or at a large facility in the district.

  All training activities that are sponsored by or through the training group are documented at the district community college by the college continuing education coordinator, and are reported to the UAF Clearinghouse. One of the early concepts of the Network was that in-house facility personnel had the qualifications to provide training in many areas and that this was a resource that had been under utilized.

  Further funding of the Human Services Training Network is uncertain. The Board of Directors, which includes representatives from organizations such as Iowa Association of Rehabilitation and Residential Facilities, Association for Retarded Citizens, The Association for the Severely Handicapped, the Mental Health Association and the Mental Health/Mental Retardation Commission, has decided to become a private non profit corporate entity to secure independent funding. Even without a formalized Human Services Training Network, district training groups may continue to operate cooperatively and sponsor training.

  A summary of the training activities sponsored by individual HSTN district training groups is listed in

Appendix E. Any fees charged for specific activities are also listed. A total of 304 training sessions, averaging 4.25 hours in length, were offered across the state with 3,789 persons attending those courses. Please note that this is a duplicated count (i.e., many persons took two or more sessions and were credited for each). Continuing education credits were offered for a majority of these activities.

The content of training sessions focused on mental health, physical care, safety, overview of handicapping conditions, recreation, sexuality, behavior management, behavioral objectives, residents rights, sign language, sexual abuse, coping with criticism, staff wellness, community services, and professional development.

Funding of HSTN activities training was generally of two types: If held at community colleges, participants or their agencies paid the cost; for training provided by in-house staff at a facility there were no costs. Costs varied by community college area, by type of session, by who presented (in-house or hired) and by where the session took place. Funding, where required, came from a number of sources. One area community college received funds from the County Board of Supervisors (MR/DD money). Large agencies may provide their own training. This training may be approved by the community college to receive continuing education credits or certificates of attendance. Some of the coordinators who are actively involved in training activities feel that more funding is needed because only one or two staff members can attend a session even though all of the staff at the facility need training. Because of the lack of agency funds and decreasing state funds for community colleges, they fear that the problem is getting worse rather than better. They expressed a great need for increased training funds and remarked that community colleges are barely, if that, breaking even on continuing education training for adult residential and vocational facility personnel.

HSTN activity and facility participation varies within districts across the state as well. The community college coordinators who are in the training groups and planning activities play an important role in the coordination and implementation of training. One community college is contracted to provide training to three county care facilities. In most areas, the majority of persons receiving training are staff from residential facilities. For example in Area I there were 75 sessions with 1,003 in attendance; all sessions were attended by staff of a major residential agency in that area.

Probably half of the HSTN training groups (and/or the education coordinator) are functioning actively in the role as described by HSTN literature. Large institutions or facilities tend to develop and provide their own training and report it to coordinators rather than work as a part of a training group. Some areas report no or minimal training, yet may be providing training outside the network system. Additionally, there may be some agency personnel who are not receiving any training.

An additional system of training sponsored through the Human Service Training Network includes activities associated with the "mini-grant" program. Approximately $8,500 was dispersed through this grant program to sponsor training sessions provided by in- and out-of-state professionals. The grants covered instructor fees and per diem costs for a total of 10 training sessions. Four of the ten sessions focused on managment and supervisory training and one on mental illness. The remaining five sessions were on behavior management, programming, legal rights, and situational assessment. These sessions were attended by 32 direct care staff and 62 managerial or professional staff.

- The Iowa University Affiliated Facility. (a program of the Division of Developmental Disabilities, University Hospital School, Iowa City, Iowa) is funded by the federal Administration on Developmental Disabilities to offer training, service, technical assistance, and information dissemination activities. The IUAF devotes significant resources to the interdisciplinary preservice training of individuals from a wide range of disciplines (e.g., special education, speech, medicine, physical therapy, recreation, nursing) who will serve persons with disabilities.

  The IUAF also offers inservice training opportunities and resources to providers in Iowa in the areas of program evaluation and behavior modification. The IUAF has operated the Training and Technical Assistance Clearinghouse since 1981 in cooperation with the Governor's Planning Council for Developmental Disabilities. In addition, the IUAF has a subcontract with the Human Services Training Network to provide consultation services to the Training Planning Groups in the eastern half of Iowa and to perform certain staff functions for the Network Board.

- Rehabilitation Services Administration. The federal Rehabilitation Services Administration funds three grants that sponsor training activities in Iowa. Two of those are available to and pertain to direct care staff in Iowa.

1. Region VII Rehabilitation Continuing Education Programs (RCEP) designed for rehabilitation counselors and facility personnel. Region VII serves 4 states: Iowa, Missouri, Kansas, and Nebraska. The program is housed at the University of Missouri at Columbia. RCEP provides two tracks of training: one for administrators of facilities and one for state rehabilitation counselors and facility personnel. Annually RCEP provides the Iowa Association of Rehabilitation and Residential Facilities (IARRF) a list of topics they are prepared to present and asks for other topics that may be desired. The IARRF subcommittee on education reviews the list and returns it to RCEP. In the last year, RCEP sponsored six workshops for facility personnel for a total of nine training days. One hundred and eighty participants attended: RCEP estimates that one-third were from residential and two-thirds from vocational facilities; they do not break down attendance by direct care vs. non-direct care staff. The cost to RCEP for this training was $3,600. This figure includes travel expenses of the trainers, meeting site rental and equipment, and participant handouts. The costs to participants include travel to the site and per diem costs. The sessions offered were: Behavioral Assessment and Management, Management of Disruptive Behavior, and Medical Aspects of Disability. For the coming year, training sessions are planned on intercurrent disabilities and on behavior management. In addition, a new workshop and facility personnel grant may allow them to train 20 direct line staff in Iowa. This training would prepare staff to deliver supported employment services to clients. The training would total 16 days per person and each person would receive a certificate at completion.

2. The Rehabilitation Institute, Public Sector Program at Drake University in Des Moines provides continuing education in the areas of job development, job placement, and supported employment for clients. They report that they have had no requests for training from Iowa facilities or organizations (except for Vocational Rehabilitation), but could provide training at no cost in the areas for which they are funded. They also contract, at cost, to develop and provide specifically requested training packages. The Institute did sponsor a regional conference that was attended by some staff from Iowa.

3. National Institute for Handicapped Research. The University of Wisconsin Stout Research and Training Center has a NIHR funded grant that helps support training. They have presented papers at an IARRF conference and at a community college program (Sioux City) on supervision and job analysis/task analysis. Their target consumer group is vocational day program personnel. Currently, the average daily cost to contract

for services with the Research and Training Center is $1,500.

Opportunities for Training in Higher Education. Community college Degree Programs (See Appendix F for detailed description of programs).

- Kirkwood Community College Handicapped Services Program. All students earn a one-year diploma and can go on for an associate of arts degree if the student wishes to transfer into special education, psychology or other related area. Each year 35-40 students start the program and 70% complete the first year. One hundred percent are hired within three months of completion and are employed evenly in special education classroom and group homes with the sheltered workshop and county care facilities attracting 1-2 students each. Students come from a seven county area and pay tuition like other students.

- Iowa Lakes Community College Rehabilitation Studies Program. All students earn an associate of science degreee that can be credited for two years of college at a four year institution. Each year 20 students start the program and about 15 finish. Graduates work at sheltered workshops, work activity centers, and as resident supervisors. This program is the only approved two-year rehabilitation program in Iowa. It prepares students to work with adult rehabilitation clients.

- Iowa Valley Ellsworth Community College Human Services Program. All students earn a one year diploma (Human Services Certificate) or can go for two years to receive an associate of arts degree. Each year 35 students start the program and about 50% go on to the two year program. Most graduates work at Norton State Hospital in Kansas, Brainaird State Hospital in Minnesota or special education classrooms (in public schools as well as at River Hills and Vinton Braille and Sightsaving School). Most work in institutions and schools because of the higher wages.

- Des Moines Area Community College at Ankeny Developmental Disabilities Program. All students earn a one year developmental disabilities diploma or may go on for a second year to associates degree in developmental disabilities. Each year about 10 start the program and most graduate. Most graduates work in resource rooms in school systems, Smouse and Ruby Van Meter Schools, the Easter Seal Center, and Woodward State Hospital. Many in the program like to work with younger students and that is why most go to schools.

State Hospitals and Schools

- Woodward State Hospital and School. A Woodward State Hospital staff member reported that because the active treatment issue has taken priority over the last year, orientation for new employees and training has not been provided. The nurse educator position is presently unfilled and the training officer is identified but not yet on staff. There are no formal classes in session, but some are being scheduled. One difficulty encountered is the cost of providing training since the institution must pay overtime to employees who cover for those who must leave their assignment to receive training.

- Glenwood State Hospital and School. Glenwood has a Staff Development Department with a Director, part time secretary, one full time training officer and two nurses in educational positions. Interdisciplinary professionals are also retained to provide training in their specialty. A 48 hour orientation program is provided for new employees and they are given an 88 hour Resident Treatment Worker course. In addition, Glenwood provides their own 40 hour medication course, although Iowa Western awards the certification (see Appendix G for a detailed description of training programs at Glenwood). Training received is recorded in each person's personnel folder. Employees must complete training to maintain their position. Training is a paid part of their regular work schedule. Glenwood has a relatively stable staff because of higher salaries (direct care workers begin at $13,000 - $14,000 per year) and because of the weak economy. Between 600 and 700 resident treatment workers are currently employed at Glenwood; they cover three shifts with most being on duty during the waking hours of residents. Glenwood is also stressing a continued training environment where training goes on in the living unit as well as in the classroom (for example, range of motion demonstration or development of specific behavior management plans).

Organizations

- Iowa Association of Rehabilitation and Residential Facilities (IARRF). IARRF is the state branch of the Association of Rehabilitation Facilities, a private membership association whose major functions are to provide information to consumers and the public, lobby and be a liaison with state agencies, provide an insurance program and provide inservice activities. Inservice activities comprise a third of IARRFs effort. The organization has a subcommittee on education that sponsors a state conference and some inservice sessions. The annual conference is the major inservice activity available to direct care staff. Three hundred

and fifty people representing 50-60 agencies attended last year and it is estimated that 200 of those were direct line staff. The two and one-half day conference has tracks for middle management and direct line staff. Credit CEU's are offered for Department of Health or other professional requirements. The total cost is paid by the participating agencies in the form of a registration fee. IARRF pays for contacting presentors, coordination, advertisement, and overhead.

In addition to this conference, IARRF has four training sessions planned for the coming year. The target consumer is mostly middle to upper management. Planned sessions are in the areas of program evaluation, labor and wage issues, personnel management and administration, and time studies. Each may be held at two different locations.

- Association for Retarded Citizens (ARC). The state ARC sponsors an annual conference. This conference focuses on training and information related to serving persons with mental retardation. At this year's conference, half-day training sessions were provided for direct care staff (behavior management is an example topic). About 30 direct care staff attended, 50% residential and 50% vocational staff. Information was presented in a lecture/discussion format. The local community college offered CEU's for the session and the registration fee was $7.00-$8.00, which covered lunch. The cost of the site is usually donated or covered by using the site for eating and overnight accommodations. The ARC will pick up any costs not covered by the registration fee. The ARC coordinates and advertises the conference.

California

COMMUNITY BASED SERVICES

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Context: California community services are operated through 21 regional boards that prepare purchase of service contracts on client specific bases with private vendors and determine the training policy for facilities in their region. The State Department of Developmental Services assists regional boards in curriculum development, however, regional centers exercise their own discertion in the use of state prepared materials. A majority of regional centers use the acclaimed state curricula. The present state curriculum is considered obsolete by state personnel. Efforts to review, update and enhance the current curriculum are now underway.

Mandates: There are no state-wide training mandates, although many regional centers implement their own standards. However, there is an overall expectation and assumption that private vendors will provide the staff training necessary to provide quality care. In part this expectation is reinforced by the relatively higher per diem rate paid by the Department of Developmental Services for their clients as opposed to per diems paid by other state agencies for different populations. An estimated 50% of present direct care employees have completed the state training materials.

Training Materials, Development and Delivery: The California curriculum received special note for its quality and comprehensiveness in a recent survey of state sponsored staff training (Landesman & Knowles, 1986). The competency-based curriculum emphasizes the developmental model and contains 11 instructional units. These are: Overviews of Developmental Disabilities and Developmental Services, Legal Services, Assessment and Case Management Services, Medical/Nutritional Services, Support Services, Psychomotor or Habilitation Services, Educational Services, Personal Services, Vocational Services, Residential Services, and Staff Support Services. Each unit is divided into eight sections (goals, major topics, learning objectives, key points for discussion, suggested methods of instruction, criteria to evaluate participants' performance, complete topic outline, and references for instructors). The recreational section, for example, contains discussions of the intellectual and social benefits of leisure-time activities. A detailed outline of the behaviors that may be expected at different stages of development are then discussed.

Costs and Funding: In addition to statewide training, many agencies -- especially larger ones -- will have their own training department. The union of service provider agencies has also offered and developed some training courses. The training curriculum is offered to residential care staff through community colleges or at state residential facilities. When offered through community colleges a nominal course fee of approximately $50 per person is required. Additional costs such as rooms and instructor fees are absorbed by the community college. Use of colleges for training can be unreliable since courses can be cancelled when there is insufficient enrollment. A classroom approach is utilized for training delivery.

Colorado

STATE INSTITUTIONS

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Context. Colorado has three large regional centers. During a recent Health Care Financing Administration (HCFA) review, the regional centers were cited for insufficient numbers of staff necessary to meet active treatment criteria. However, rather than simply responding by hiring additional staff (minimal staffing standards had already been met), state administrators opted to develop a comprehensive training system for state employees in regional centers. After implementing the new training system, two of the three centers passed HCFA reviews on resurvey.

The new training system includes staff development in a newly implemented, uniform and systematized method for developing Individual Habilitation Plans and the use of a standard library of adaptive and maladaptive habilitative programs for client skill acquisition. The training in these procedures is in addition to staff training that had already been required prior to HCFA review and implementation of these systems.

Mandates: Presently two regional centers require that all new potential employees undergo an 18 week-40 hour per week training course. This training is completed at potential employees own time and expense prior to job assignment. In the Denver Center, the labor market does not support this strategy, so an alternative training mandate is in place. New staff at the Denver center undergo a 15 week, 24 hour per week training course at their own time and expense. However, this training may be taken while staff have already assumed a paid position at the center. This position however does not entail the renumeration and responsibilities of direct care staff who have successfully completed the training. All new staff must not only complete the training, but must have completed a full year of internship before they can take an exam and become licensed. At that time they will also receive a salary increase. Aside from the 15 week training course all new staff are required to receive training in and demonstrate successful acquisition of the skills required by the newly implemented habilitative system.

Training Materials, Development and Delivery:

The original 18 week training at Colorado regional centers comprised standard topics such as Health and Safety and Introduction to Developmental Disabilities. However, as a result of the HCFA review, substantial changes were implemented in the Colorado system. The first of these was the implementation of a systematized method of preparation of Individual Habilitation Plans. Colorado issued an RFP, and subsequently hired a team of consultants who reviewed model habilitation systems. Two were recommended: 1) the Murdoch system in North Carolina provided a library of exemplary programs for client training in adaptive skills and a model for preparation of habilitation plans and 2) the Polk Center in Pennsylvania provided a library of standardized individual training programs for reducing maladaptive behaviors. The implementation of these systems required a massive retraining of regional staff. Staff members in all three centers, who were likely to remain at the centers, were selected to receive training in these new systems and to be responsible for subsequent training to the rest of the regional center staff. Trainers from the Murdoch and Polk centers were repeatedly flown in to Colorado to "train the trainers."

The new system in place at all the regional centers includes a standardized method for data collection which is self graphing, easy to do, and takes little time to complete. All skill aquisition program task analyses are drawn from a standard library of pre-designed programs. Professional staff who prepare any new treatment programs are required to use the same standardized format as those used for other programs. New programs are catoglogued in a central file so that duplication and variations of programs can be reduced.

The systematic and standard nature of these systems allows for staff who are trained at any one center to be able to apply their acquired training and skills to any other regional center.

After new staff have received the orginal 18 week training course, they are then trained in these new system technologies. Much of the new training involves on site demonstration of skills with clients. New staff must pass exams and successfully demonstrate competence in use of the new system. Performance objectives are stipulated as criteria for passing the exams.

All training, including the 18 week course is done at the regional center. Each regional center has a small training department staff responsible for training activities. However, much of the actual insturction is given by regional professional staff, for whom training is only one part of their overall duties. Training sessions have been video taped and a library of video-training materials is now available.

Costs and Funding. Approximately $225,000 of state human service money was allocated to the Division of Developmental

Disabilities to prepare and implement this new habilitation system in Colorado. This included salary for the consultant to recommend models, and staff time and expenses required to prepare the Colorado based trainers. This was a one time allotment.

Regularly yearly training expenditures are included in the overall individual regional budget. Each center employs staff in a training department. However, mcuh instruction is provided by professionals who are employees of centers. The 18 week training course is provided at the regional center and prospective new staff attend the course at their own time and expense. Subsequently, apart from salaries for the department of training staff, other training costs are minimal.

Florida

COMMUNITY-BASED ICF-MR's

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Context: Florida faced the challenge of preparing for the rapid deinstitutionalization of persons with physical disabilities and medical impairments into commmunity based ICF-MRs. ICF-MRs are state property, however, services are contracted out to private vendors. To successfully meet the needs of this population, an extensive training program was put in place for all newly hired staff (both professional and paraprofessional).

Mandates: All staff hired to work in the ICF-MRs are required to undergo three weeks of instruction (120 hours), preferably before being assigned any unsupervised duties with clients. Some exceptions are made. However, training must be completed within the first six months. An additional 40 hours per year of in service training is required for all continuing employees.

Group homes (non ICF-MR) and foster care parents are required to undergo 64 hours of training prior to assumption of duties and 20 hours per year per employee subsequently. A different set of materials is used for this training than for staff in the ICF-MRs.

Training Materials, Methods and Development: Florida invested in the development of high performance instructional materials. An independent contractor, a specialist in developing training materials for both the public and private sectors, was hired to build the staff materials. The materials were based on award winning curriculums developed by the Commission of Health and Human Services in Mississippi. The result was highly acclaimed instructional materials and videotapes. Mr. Roberts strongly recommends the use of professional instructional designers to prepare top quality training materials. Several specific sets of instructional materials were prepared; one is a set on skilled nursing; the second entitled "Movement for Improvement" trains staff in motion exercise; another forms the basis for the three weeks of pre-service training which includes training in client rights, confidentiality; abuse, CPR and first aid; and feeding and bathing techniques.

All staff instruction is competency based, that is, training prepares directly for specific job duties. For example, 30 hours of training is devoted to posturing, positioning, and nutritional management. With this intensive training, many clients have been

successfully removed from feeding tubes.

Different training techniques are utilized including: lecture, practice of skills on fellow trainees; practice under supervision with clients; and use of video taped demonstrations. Trainees are tested by demonstrating the required competence.

The content of the 40 hours of subsequent in-service training is left to the discretion of the individual vendors. However, the state makes recommendations on the curriculum content and stresses that the training provided should be performance based. The state will also prepare instructional materials and will provide agencies with free access to materials. Much subsequent in-service training uses skilled professionals who provide instruction to direct care staff in their specialization, such as physical or occupational therapy.

The state contracts with 10-12 professional trainers who provide training to individual programs and will provide and oversee the installation of any new training materials. Presently the state is reviewing the now obsolete curriculum used for group homes and foster parents to make high quality performance based materials similar to those developed for the ICF-MRs. In addition, group homes will participate voluntarily in regular workshops offered by the state agency.

Funding and Costs: The state has absorbed costs for preparing and disseminating the new training materials. For example, the preparation of the physical and nutritional management materials totaled $470,000. This includes the cost of duplicating written materials and preparing 60 copies of five one hour videotapes. Mr. Roberts notes that state leadership has to recognize the importance of training and has to be willing to invest resources in it. Training cannot succeed without a financial commitment from the state budget. In order to implement the training, Mr. Roberts suggests obtaining copies of the original Mississippi curricula which are in the public domain and can be copied.

Year to year training costs are negotiated in individual purhcase of service contracts. There is no set formula used. Training costs may be imbedded in per diem rates and/or overhead allowances. A rule of thumb presently recommended, though not presently implemented, for assessing individual provider costs of training is to apply a 5% factor to the total agency budget. However, a 5% factor is not appropriate when applied to either very small or very large facilities. Because training costs are subsumed under other headings, it is not possible to estimate a state-wide cost for training.

Michigan

STATE INSTITUTIONS

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Context: The Michigan Department of Mental Health, Office of Resource Development, develops curriculums and policy for staff employed in state psychiatric hospitals and facilites for persons with mental disability. There are 26 such facilities.

Mandates: All inpatient staff are required to do two weeks of orientation. In addition prior to promotion at the end of the first year, staff must complete an additional two weeks of training. Lastly an annual update of three to five days of training is required for all continuing staff.

Training Materials and Staff Development: The training materials for inpatient staff are conceptually similar to the groups home modules, however, they are modified for hospital specific services. Training is implemented at each state facilty via a facility training director.

Costs and Funding: Roughly 3.5 million dollars has been spent on training state hospital staff. This includes salaries for staff at the State Office of Resource Development and training expenses incurred by the inpatient facilities. This program provided training for staff of 4,000 inpatients with mental illness and 2,000 facility residents with mental disability. Costs can be roughly estimated at $583 annualy per hospital client.

Michigan

COMMUNITY BASED SERVICES

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Context: Staff training is offered in the context of massive and rapid deinstitutionalization. A total of 3,000 - 4,000 people per year have been trained in the group home curriculum. High turnover rates among residential staff exacerbates the need for an efficient and effective training program.

Mandates: All community based staff are required to do two weeks of training, totaling 80 hours, within 30 days of the start of their job and before they can perform unsupervised duties with clients. This constitutes Part One of state wide training. Part Two is comprised of one to three days of training, and Part Three of about about one week of training. These training packages must be offered to staff within the first 180 days of staff employment. Staff remaining after one year of service are required to complete annual updates consisting of approximately three days of training.

Training Materials Development and Delivery: A standardized curriculum, assessment package, and trainers manual have been developed to train group home staff of programs that serve persons with mental retardation and mental illness. This curriculum, with training materials for all three parts, includes fourteen modules. An individual, organization, or corporation authorized to operate a Michigan specialized residential home will be mandated to follow specific training policies, standards, and procedures.

The following is a list of the modules included in Parts, I, II, and III of the Group Home Curriculum.

Part I

MODULE 1 -- Introduction to community residential services and your role as direct care staff;

MODULE 2 -- Introduction to intervention with people who have developmental disabilities or have been labeled mentally ill;

MODULE 3 -- Client Health;

MODULE 4 -- Recognizing and responding to life threatening situations;

MODULE 5 -- Medications (A);

MODULE 6 -- Environmental emergencies: preventing, preparing, and responding;

MODULE 7 -- Your responsibility for protecting recipients' rights;

PART II

MODULE 8 -- Advanced physical intervention;

MODULE 9 -- Medications (B);

PART III

MODULE 10 -- Introduction to behavior analysis and modification with persons with developmental disabilities recipients;

MODULE 11 -- Health maintenance;

MODULE 12 -- Interpersonal communication;

MODULE 13 -- Understanding and working with groups; and

MODULE 14 -- Programming skills for working with persons with mental illness.

Inserts have been developed to address population specific issues.

An adult learning model was adopted for curriculum delivery. A variety of contexts including classroom work, field training, and demonstration are utilized for training delivery. Training is delivered primarily in a number of community mental health boards. Optional material for Part II is provided and other possible topics are suggested by the state. However, individual agencies can select optional materials or design their own materials to meet the training needs for their specific residence.

Group homes are required to send their staff for training. Training is provided free of charge to the individual group homes, however group homes are responsible for costs of staff coverage and ancillary training expenses. Staff coverage expenses are provided through individual purchase of service contracts.

Community health boards who develop residential homes and provide the training are funded 90% through state funds and 10% through county funds. Training providers may also have their own training staff and may provide additional curricula.

Additional State Efforts: The State Office of Resource Development has also developed and delivers a series of Training of Trainer workshops to assure that individuals utilizing the Group Home Curriculum materials are grounded in basic trainer skills and knowledge (trainer technology). In addition, workshops in the delivery of content are provided to those trainers engaged in the training of physical intervention techniques.

By policy, it is the responsiblity of local training coordinators at community health boards, to assure that the knowledge and skills necessary to deliver the content in all other areas of the curriculum are possessed by individual trainers.

Administrative Structure: The State Office of Resource Development is responsible for the development of standards and policies for trainer practice and training materials as well as the development of new trainers and maintenance of trainer skill levels. This state office is staffed by 14 persons who are responsible for overall curriculum development and training policy.

Community based staff training is largely implemented through county community health boards. Each community health board hires the staff necessary to deliver mandated training for the group homes connected with that board. In addition, each community health board has appointed one staff person to act as a training coordinator. The training coordinator is a county position, may be full or part time, and coordinating training activities may represent only a portion of the overall duties for that community health board staff member. Training coordinators are also responsible for determining whether persons who have completed "training the trainer" courses are qualified to teach any of the modules in Parts I, II, III. There are a total of 55 training coordinators at 55 community health boards who supervise group home training for programs serving both persons with mental illness and mental retardation.

The overall Office of Resource Development also develops curriculum and policies for the training of staff working with persons with mental illness and mental disability who reside in state operated hospitals. There are an additional 26 training coordinators employed in this capacity for 26 state hospital facilities.

Costs and Funding: The costs for training in state operated facilities is detailed in the next session. Estimates for community based training services have not been made.

A recent formula estimating the community based training expenses has been devised but has not yet been implemented. The components of the formula include: the numbers of direct care staff employed in group homes contracted with that community

health board; the estimated turnover rate of direct care staff; the teacher to staff ratio utilized for specific training materials (e.g., physical intervention may require a 1:12 ratio whereas other modules offered in a classroom setting may utilize a 1:30 ratio); the total number of training hours needed to complete the various modules; and teacher salary. It is anticipated that this formula will help community health boards project the total numbers of FTE trainers they will need and the overall cost of training.

Aside from state and county revenues, the Michigan Department of Mental Health has been able to obtain numerous federal grants to help support statewide training activities. Grants have come from the National Institute of Mental Health, through Human Resource Development monies. In addition seed money for specific training projects, related to specific populations, can be obtained through other components of NIMH or other federal agencies, such as the Administration on Aging.

Montana

COMMUNITY BASED SERVICES

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Context: The Montana community based system consists of individual private nonprofit service provider corporations. Montana developed a statewide training system as community based programs were being established in 1976. Since then the state training system has gone through several reorganizations.

Mandates: A present licensing rule for facilities requires that a training system be in place. Particular staff competencies are required such as first aid and Cardio Pulmonary Rescusitation. In addition, all facilities are required to pass ACMRDD certification which mandates a fairly thorough training component in each agency. A state training system is available to vendors. Completion of the state curriculum certifies staff as "Developmental Disabilities Client Programming Technicians," (DDCPT). While acquiring certification, college credits can be earned, giving staff an advantage when competing for similar jobs around the state. The state will also train "proctors" who upon completion of training can conduct DDCPT training within their own agency. Training to be certified as a DDCPT or a proctor is voluntary.

Training Materials, Development and Delivery: As community programs were established ten years ago, the state provided training to vendors. Initially the organization of trainers was run by a private nonprofit organization, the Developmental Disabilities Training Institute. The first reorganization of training disolved this agency and made all trainers employees of the state. The trainers were regionally based and conducted training for staff working for the agencies within assigned regions. The material used was the Developmental Disabilities Client Porgramming Technician Curriculum (DDCPT). Under this structure large numbers of direct care staff were trained. However, training efforts yielded mixed results. Due to high turnover rates, many staff did not complete the curriculum and only a small percentage of total direct care staff were certified. Moreover, vendors complained that they were provided with insufficient resources to pay for the full costs of training (e.g., staff to cover for staff attending training). In addition, state personnel recognized that unless individual vendor executives and board of directors valued and backed the training, training was providing minimal positive effect.

In the final and present reorganization, the state department changed its role from providing training to monitoring the training efforts of private vendors. As a result, those providers committed to training have initiated training programs. Other providers, however, have suffered from the withdrawal of state sponsored training.

Staff training based in the DDPCT is now achieved through 12 state paid "Training Contract Managers." These persons sponsor the continued offering of the (DDPCT) training program and certification to those agencies and individuals who choose to receive it. College credit is offered by four Montana institutions of higher education to persons who complete and are certified in the DDPCT. The state training contract managers will also train "proctors" capable of conducting DDCPT training.

Proctors consists of making potential proctors proficient at training others using the DDCPT. For example they are taught how to make an effective presentation, typical questions and misconceptions that arise, the underlying philosophy and principles of the DDCPT curriculum, and useful examples to illustrate particular sections. Uses of the proctor and contract manager system has allowed vendors to excercise greater "ownership" of their training programs.

DDCPT Curriculum: The DDCPT Curriculum is divided into sixteen sections with each section addressing a different subject area. The sections vary significantly in the scope with which a subject is covered. Many of the sections pertain to specific behaviorial techniques.

Each section of the DDCPT Curriculum contains several performance objectives which list the terminal behaviors expected from the trainee. To objectively measure the degree to which a student has met each performance objective, standard mastery quizzes have been developed with objective grading criteria. Mastery criteria (usually 90% or better) and grading criteria are standard. This ensures that everyone who succesfully completes the DDCPT curriculum has a grasp of the concepts and information presented and has demonstrated their abilities to apply this information to their own work settings. A comprehensive final exam covering the most significant material is given after successful completion of all sections of the DDCPT. After successfully completing all the objectives and the final exam, the Department of Social and Rehabilitation Services certifies persons as Developmental Disabilities Client Programming Technicians.

Two additional curriculums have been added to the DDCPT. These are "Agression Control Techniques," a crisis behavior management technique developed by Montana state trainers (similar to the self defense taught by Crisis Prevention Institute), and CPR and first aid training. Training regarding the administration of prescribed medications is also being updated.

State training staff do not believe that all direct care staff should become certified DDPCT. However, at least one certified technician should be on staff for any individual service program that a vendor may offer.

Some vendors have developed their own training systems. There is presently discussion about whether staff trained in one particular vendor program, can receive DDCPT certification if they pass the DDCPT final exam.

Additional State Efforts. Montana is also operating a state training library. The Training Resource and Information Center (TRIC) was developed through an additional state grant. The collection covers over seventy subject areas concerned with skills and knowledge needed for the care and training of persons with developmental disabilities. Materials are available for loan to vendors. The library also publishes a quarterly catalogue/newsletter which lists and reviews recent acquisitions.

Costs and Funding: Individual vendors negotiate a purchase of service contract with the state. Money is provided in each contract to allow relief time and overtime so that staff can attend training. There is no charge for DDCPT or proctor training. However, vendors must cover travel and other ancillary expenses. Those agencies which are eligible to receive Medicaid funding can use Title XIX funds to cover costs of certain areas of training.

The present state budget for training covers expenses and salaries for the 12 contract and training managers and a librarian for the TRIC. The appoximate state budget is $130,000 for these services.

Previously, fdederal Title XX dollars were utilized to sponsor state-wide training. However, numerous complications arose is using these funds so that most training dollars now come from the overall state budget. In addition, some Title XIX dollars are used.

New York

STATE INSTITUTIONS

CONTACT:

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Context: There are 20 state Regional Developmental Disability Service Offices (DDSO). Each office conducts training for new staff in their associated developmental facility. In addition each DDSO coordinates training for community based facilities. A central state office monitors training activities and curricula for the state regional developmental centers.

Mandates: All new staff employed at a regional center undergo a 200 hour training course within the first year or employment in order to qualify as a mental hygiene therapy aide and remain employed. 100% performance and written testing is required to pass training assessments.

Training Materials, Development & Delivery:

The training is delivered in a mixture of classroom time and on the job demonstration and supervision. Most training occurs within the first months of employment, however some centers condense training into several weeks.

All of the training curriculum is presently being transfered to a competency based training system that includes -- modules, comptencies, learning guides for each module and assessment instruments both for the trainee and the supervisor. Training is provided for direct care staff, advanced direct care staff and supervisors. Video tapes accompany the advanced direct care training and other audio visual aides (tapes, slides) are available for other training components, (e.g., fire safety). Some of the content modules are self instructional (i.e., infection control, clients rights, and normalization). Altogether the curriculum consists of 50 content modules. These will be accompanied by learning guides and evaluation checklists for both the direct care worker and the supervisor. Following is a list of all state developed curriculum modules for both institutional and community residential staff. These modules were reviewed by Knowles and Landesman (1986) and were judged by them to be both excellent and comprehensive.

The central office for the New York state office of Mental Retardation/Developmental Disabilities is responsible for

coordinating all training efforts and curriculum. There are 15 professionals employed in this office. Each regional developmental center has in addition their own training department. Several of the state office staff work directly in the development of voluntary training for state and voluntary agency operated community based facilities.

A recent training effort of the state office has been implmentation of a computerized information system (using D-Base III software for IBM-PC computers) which manages, plans for and documents courses taught, instructors, date, time and frequency of courses and those staff who have and have not taken courses.

Costs and Funding. Funding comes largely from state revenues. Some monies are also available through grants and Title XX. There is an approximate annual budget of $900,000 for the Central State Office on Development and Training. Contracts are negotiated individually with each regional developmental center for their training program.

New York

COMMUNITY BASED SERVICES

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Context: New York State has numerous community based group homes, with 60% administered by voluntary private nonprofit agencies and 40% operated by the state. Substantially different mandates and procedures are used to govern the operation of these two types of programs.

Mandates:

Voluntary agencies: General references to training are made in the state regulations for voluntary group home agencies. However, specific hours, timelines or topics are not mentioned.

State run agencies: All direct care staff employed must do a one year traineeship to receive the Community Residence Aide (CRA) title. This is similar to the 200 training offered to direct care staff in state developmental centers. In addition, any institutional staff transfering to state run community residences must complete a retraining program.

Training Materials Development and Delivery:

Voluntary agencies: Regional Developmental Disabilities Service Offices (DDSO) will help to organize and deliver training materials to local voluntarily run residences. In New York City and Buffalo an active partnership has developed between DDSO staff and local service provider administrators. This collaboration plans and delivers training workshops. These workshops are largely funded by the DDSO, via state monies, and they are offered at no or low cost to staff of voluntarily run residences. New York City hopes to be able to offer one workshop per week in the various boroughs. A widely distributed calendar of training activities has helped publicize the workshops and there has been steady attendance at these events.

State run residences: All direct care staff in state run residences undergo a one year traineeship. Topics and timeframes of the training are as follows:

Orientation

- Welcome and Introduction
- Conditions of Employment
- Union Representation
- Emergency Procedures -- Fire, Safety and Security
- First Aid (Above provided in an eight hour day of training)
- Ensuring Rights of Developmentally Disabled Persons (2 1/2 hrs.)
- Overview of Developmental Disabilities (3 1/2 hrs.)

General Background

- Exploring Values in Mental Retardation (4 hrs.)
- Normal Growth and Development (4 hrs.)
- Willowbrook Consent Decree (2 hrs.)
- Normalization (6 hrs.)
- Introduction to CR/ICF (5 hrs.)
- Community Support Systems (4 hrs.)
- Legal Issues in Mental Retardation (4 hrs.)
- Family Relationships (3 hrs.)
- Helping Clients Adjust to Community Living (1 hr.)
- Human Sexuality (7 hrs.)

Subtotal: 40 hrs.

Health and Safety

- Personal Hygiene (2 hrs.)
- Infection Control (2 hrs.)
- Observations (2 hrs.)
- Vital Signs (2 hrs.)
- Health Issues (16 hrs.)
- Nutrition (4 hrs.)
- Medications Administration (40 hrs.)

Subtotal: 68 hrs.

Programming

- Program Planning Process (8 hrs.)
- Behavior Observation and Modification (12 hrs.)
- Daily Living Skills (8 hrs.)
- Communication Skills (8 hrs.)
- Behavior Management (24 hrs.)
- Leisure and Recreation (4 hrs.)
- Socialization (6 hrs.)

Subtotal: 70 hrs.

There are extensive materials to accompany the training including trainor materials. All materials and evaluations are

comptency based.

Aside from training new CRA's, there is also a "retraining" program available to institutionally based staff who are transferring to community residence positions.

Costs and Funding: New York State staff estimate that a total of $250,000 is spent by DDSOs yearly on training activities for voluntarily run residences.

The budget for the central agency office in charge of all New York training policies and materials is $900,000 (for 19 staff).

Cost for retraining institutional staff can be computed as follows:

Retraining Costs

Costs associated with retraining institutional staff can be computed based on an average anmnual direct care staff salary of $19,000 and an average annual professional instructor salary of $30,000. Esimtated costs are as follows:

Trainee:

200 hrs. training @ $9.13/hr. = $1,827/trainee

Instructor:

200 hrs. training @ $14.24/hr. = $2,885/day of 25 trainees

For a sample class of 25 trainees, retraining costs would be approximately $48,560. Any associated administrative and non-personal service costs would have to be added for a more accurate figure.

New York State Curricula Topics

DIRECT CARE TRAINING PROGRAMS

Curriculum Composite
Overview of Developmental Disabilities
Clients Rights and Legal Issues
Fire Safety
Exploring Values in Developmental Disabilities
Willowbrook Consent Decree (W.C.D.)
Normalization
Introduction to Community Residences
Family Relationships
Nutrition
Active Treatment Through the Program Planning Progress
Behavior Observation and Modification
Daily Living Skills
Communication Skills
Leisure Time and Recreation
Socialization
Behavior Management for the Aggressive Client
Helping Clients Adjust to Community Living
Community Support Systems
Work and Personal Adjustment
Medication Administration
Medication Administration(Spanish)
Personal Hygiene
Diabetes and Its Management
Sign Language

SUPERVISORY TRAINING PROGRAM

Supervisory Practices
Interpersonal and Group Communication Skills
Problem Solving and Decision Making
Staff Development, Counseling and Performance Appraisal
Resource Development

ADVANCED DIRECT CARE TRAINING

Instructors Guide
Normal Growth and Development
Health Issues
Sensory Disabilities
Physical Disabilities
Basic Therapeutic Activities
Adaptive Equipment
Communication Skills II
Activities of Daily Living
Eating Skills
Leisure and Recreation II

SELF-INSTRUCTIONAL

Infection Control
Client Rights
Normalization

AUDIO VISUAL AIDS

Fire Safety Slides
W.C.D. Slide/Tape
Behavior Modification Slides
Daily Living Skills Slides/Tape
Sign Language Videotape (VHS/Beta)

North Dakota

COMMUNITY BASED SERVICES

Contact:

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Context In the past six years, in response to a class action suit brought before the U.S. Court by the North Dakota Association for Retarded Citizens, there has been a rapid expansion of community based services. This expansion, in turn, dramatically increased the need for skilled direct care staff. In 1983 the North Dakota Department of Human Services (under a federal grant from the Administration on Developmental Disabilities) initiated a statewide training delivery system based on a "circuit rider" model, the theoretical basis of which proposed that the final measure of successful staff training is client change and the work site is the appropriate location for training. The Department of Human Services entered into a contract with Minot State College to implement a statewide training program. In 1984 and 1985 implementation orders resulting from the class action suit further specified areas to be addressed in orientation and in-service training, and quantified the amount of training to be provided.

State Mandates Community service providers are required to provide 40 hours of in-service training to all their direct care staff prior to the assumption of direct responsibility for clients. This training requirement is actually a part of the court order and not a state regulation. The court order will cease in 1989. However, it is anticipated that the 40 hour orientation will continue in practice. Although not required, the agency is encouraged to consider this requirement in whole or in part for direct care staff who are part-time or relief. In addition, a recent agreement establishes that service providers would have full time direct care staff complete eight out of sixteen state sponsored training modules in the first year of employment and the remaining eight modules in the second. This usually averages 100 hours of training per year for two years. Although this training is not specifically mandated, the state reserves the right to count the salaries of non-trained personnel as non allowable costs. Recently, all agencies have complied with the training system. In addition agencies may also budget an additional 5% salary increase for staff who are anticipated to complete the training modules in the upcoming fiscal year. Staff who have completed 14 self-study modules plus certification in

CPR and first aid (16 training modules) and a supervised on-site training practica receive certification. Certificates are recognized statewide as an achieved level of competence. Ancillary personnel (drivers, secretaries) are expected to complete the first module of staff training, i.e., "Orientation".

Presently, over 300 out of 1800 active staff members have received certification. This number is expected to substantially increase in the next two years.

Training Materials, Development, and Delivery

Orientation: Agencies are given autonomy over the content and procedures of the 40 hour orientation. However the following minimum contents are specified:

a) The nature of mental retardation and normalization principles;

b) Human and legal rights and provisions of the Court Order;

c) The habilitation planning process;

d) Basic health and safety concerns;

e) Agency specific information (which would cover an overview of the agency's services, tour of all facilities, an overview of the agency's relationship to the state service delivery system, and review of policies and procedures of the agency, as well as those specific to the staff member's intended work site); and

f) Client specific information (which may include such focused training topics and practicum experience as medication administration or seizure activities).

Curriculum: A curriculum search was conducted to find a competency based training program that consists of self contained instructional modules. The Kellogg Model Curriculum developed by the Meyer Childrens' Rehabilitation Institute at the University of Nebraska Medical Center was selected. Some modules were used as originally prepared, others were modified, and some were written to cover content unique to North Dakota. The 16 modules of training are designed to meet the following competencies of direct care staff as recommended by the North Dakota Council on Developmental Disabilities:

I. Basic Job Behaviors: Job survival skills, team interaction in the program planning process, individual program planning.

II. Health: General health issues, First aid, Cardiopulmonary resuscitation, Positioning and handling, Medication, and Seizures.

III. Human Development: The developmental model, typical

and non-typical human development through the life cycle.

IV. Philosophy and Rights: Development of a philosphy, Human service evaluation, Law and disabled persons, Advocacy.

V. Behavior Management and Maintenance: Goal setting, Writing behavioral objectives and measuring behavior, Basic behavioral principles, Assessment techniques, Achieving goals and objectives.

Delivery: Training is delivered largely via self instructional modules and on site supervised practica. The practica involves training and testing in competencies such as program implementation. The 16 modules are:

- Introduction to Developmental Disabilities Services
  - * Orientation Module
  - * Foundation Principles of Value-Based Training
  - * The Law and Disabled Persons
  - * Introduction to Team Planning
  - * Introduction to Individual Program Planning
- Health Care I for Developmentally Disabled Persons
  - * Medications Training
  - * CPR
  - * First Aid [Not done via self-instruction]
- Health Care II for Developmentally Disabled Persons
  - * Seizures
  - * Positioning, Turning and Transferring
- Introduction to Behavior Management
  - * Writing Behavioral Objectives and Measuring Behavior
- Techniques of Behavior Management
  - * Introduction to Assessment
  - * Setting Goals
  - * Achieving Goals
- Human Development I
  - * Human Development I
- Human Development II
  - * Human Development II

An additional 5 elective modules have been developed (e.g., health, positioning and turning). These may be required of staff by individual employers. Modules are enhanced via regional audio-visual media libraries, videotapes on high priority topics

are available to provider agencies. In addition, each agency is funded to employ a regional staff trainer. Small agencies may share a trainer. One trainer to every 65-70 direct care staff is funded. Trainers are cojointly chosen by the hiring agency and the state training director. They are responsible for: coordinating orientation activites of newly hired employess; maintain a system for distributing curriculum modules and related audio visuals; oversee the self or group instruction and practica of agency employees; maintain records of training testing and certification activities; conduct competency exams for specific modules; and, conduct training evaulation.

Overall training system administration and implementation is overseen by Minot State College who is under contract to the Department of Human Services to do so. The responsibilities of the college are: hire a doctoral level state developmental disability training director who is responsible for implementation of the training system; train, test and certify the regional trainers; enhance training modules; assess the impact of staff training; organize and administer six training workshops per year; and, conduct composite course tests for certification.

Testing and Certification Procedures: Achievement tests have been developed for each module. These are administered by regional trainers to individual staff members. Staff must achieve a performance of 85% or more on individual module tests to have successfully completed the competency. An alternate testing procedure, such as oral testing, is permissible for certification requirements in instances where the staff person is unable to adequately respond to the written test because of learning and/or other difficulties. Persons may opt to "test out" of any one module. If a score of 85% or higher is achieved for any module, the staff member will not be required to go through training for that module. Upon achieving competency in all sixteen modules and practica, staff receive a certificate issued by Minot State College a copy of which is mantained by the College.

Additional State Efforts

Professional/Career Development: The North Dakota Statewide Developmental Disabilities Training Program is designed to provide career ladder opportunities to those individuals who have the desire to progress and develop professionally. Successful completion of training modules and certification constitutes one level of achieved comptency. In addition, certified staff members may also apply for an Associate of Arts Degreee in Developmental Disabilities. Academic degrees are awarded based on the completion of the training module and additional accredited coursework specified by Minot State College which includes supervised field experience. Further, staff persons may persue a Bachelor of Arts Degree in Mental Retardation at Minot State College. This degree is based on successful completion of

Associate Degree coursework, as well as additional college required and elective coursework. So far, 30 persons have received the Associates Degree in Developmental Disabilities.

State Sponsored Workshops: As part of its contract with the Department of Human Services, Minot State Colleges organizes six two-day workshops each year to meet the needs of direct service staff. Topics selected for the workshops are the priority areas identified on a statewide training needs assessment. A registration fee is charged for each workshop and providers sending the participants pay this fee and related expenses. The workshops have been well attended and have been self supporting. Topics for the 1986-87 year are: Career Education for Developmentally Disabled Persons, Individual Program Plans and Team Planning, Communication Skills and Techniques Dealing with Developmentally Disabled Persons, Therapeutic Intervention, Sexuality Issues and Problems, Coping with Persons with Several Behavior Problems.

Costs and Funding The DHS contract with Minot State College to hire a staff training director and oversee implementation of the training system is for $66,000.

Purchase of service contracts between individual agencies and the state includes funding for 20 regional trainer positions. One trainer is provided for approximately every 65-70 direct care staff.

The state will add 50 hours of direct care staff average hourly salary, multiplied by the number of new staff employed up to the first two years of employment, as a line item expense to the purchase of service conctract. The remaining 50 hours of training per year is to be conducted during regular working hours. Purchase of service contracts also include a 10% multiplier of FTE salaries to allow for coverage due to sick or vacation time, and absences due to training. Finally, a budget line item of 5% salary increase for staff who expect to become certified is added an a incentive. Training modules and curriculum are provided by the state at no cost to the agencies. Funds for training are drawn from general state revenues and where applicable from Medicaid community-based waiver funds.

REFERENCES

Burch, M., Reiss, M., & Bailey, J. (1986). A competency-based "hand-on" training package for direct-care staff. Journal of the Association for the Severely Handicapped, 12, (1), 67-71.

Human Services Research Institute. (1986). Staffing issues in Iowa's community service system for persons with developmental disabilities. Cambridge, MA: Human Services Research Institute.

Human Services Research Institute. (1985). Alternative community placements for persons with severe special nedds. Cambridge, MA: Human Services Research Institute.

Human Services Training and Technical Assistance Clearinghouse. (1986). Materials catalog. Iowa City, IA: University of Iowa, Iowa University Affiliated Facility, The Clearinghouse.

Jaro, R. & Quiram, J. (Eds.). (1984). Orientation and training. A modular approach for service providers of developmentally disabled individuals in community-based programs. Framingham MA: Youth Guidance Center, Mental Retardation Resource Team.

Knowles, M & Landesman, S. (1986). National survey of state-sponsored training of residential direct care staff. Mental Retardation, 24(5), 293-300.

Langer, M. (1986). Stages of direct care staff development: Implications for training. Paper presented at Region X Annual Conference, American Association on Mental Deficiency, Boston, MA.

Mass. Dep't. of Mental Health. (1986). Core curriculum staff training guidelines for state operated community based residences. Boston: Mass. Dep't. of Mental Health.

Meyer Children's Rehabilitation Institute. (1985). Kellogg Curriculum. Omaha, NE: Author.

Ziarnik J. & Berstein, G. (1982). A critical examination of the effect of inservice training on staff performance. Mental Retardation, 20(3), 109-114.

APPENDIX A

IOWA TRAINING INFORMANTS

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APPENDIX B

STATE RULES & REGULATIONS

Summary of the proposed rules regarding training content for Community Supervised Apartment Living Arragments:

1. A staff training program must provide training in interdisciplinary program planning and staff's role in the development and implementation.

2. Training regarding basic needs of all people and additional needs of populations served.

3. Provide services in the Least Restrictive Environment and incorporates the principles of normalization.

4. Rights and responsibilities of residents.

5. Training is required for all staff who have direct contact with residents in the facility.

6. The schedule has to be designed for new staff to receive training and to allow for continuing education and training to increase skills and knowledge in areas listed above.

7. Training must be delivered by a trainer qualified by education and experience.

8. A record of training received must be in the personnel files.

9. CPR and First Aid will be available through the staff training program.

10. A person with training in CPR and First Aid must be on duty at all times.

These rules are still in development and will start the rule making process in two to three months.

CHAPTER 57

Rules and Regulations
Setting Minimum Standards
For

RESIDENTIAL CARE FACILITIES

CHAPTER 57

In addition to Chapter 57, each Residential Care Facility must also comply with Chapter 60.

IOWA STATE DEPARTMENT OF HEALTH
Division of Health Facilities
Des Moines, Iowa 50319

b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought.

c. The distinct part must be operationally and financially feasible.

d. A separate personal care staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under ...nsible management. (III)

Separately licensed distinct parts may have certain services such as management, ...ing maintenance, laundry and dietary in common with each other.

...57.9(135C) **Administrator.** Each residential care facility shall have one person in ...ge, duly approved by the department or acting in a provisional capacity in accordance with these regulations. (III)

57.9(1) The administrator shall be at least eighteen years of age and shall have a high school diploma or equivalent. (III) In addition, this person shall meet at least one of the following conditions:

a. Be a licensed nursing home administrator, or; (III)

b. Have completed a one-year educational training program approved by the department for residential care facility administrators, or; (III)

c. Have two years of supervised experience in a residential care facility, at least six months of which was in an administrative capacity. (III)

57.9(2) The administrator may act as an administrator for not more than two residential ...facilities. (II)

a. The distance between the two facilities shall be no greater than fifty miles. (II)

b. The administrator shall spend the equivalent of three full eight-hour days per week in each facility. (II)

c. The administrator may be responsible for no more than one hundred fifty beds in total if he or she is an administrator of more than one facility. (II)

57.9(3) The licensee may be the approved administrator providing he or she meets the requirements set forth in these regulations and devotes the required time to administrative duties. Residency in the facility does not in itself meet the requirement. (III)

57.9(4) A provisional administrator may be appointed on a temporary basis by the residential care facility licensee to assume the administrative responsibilities for a residential care facility for a period not to exceed six months when, through no fault of its own, the home has lost its administrator and has not been able to replace the administrator provided the department has been notified prior to the date of the administrator's appointment. (III)

57.9(5) In the absence of the administrator, a responsible person shall be designated in ...ting to the department to be in charge of the facility. (III) The person designated shall:

a. Be knowledgeable of the operation of the facility; (III)

b. Have access to records concerned with the operation of the facility; (III)

c. Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)

d. Be at least eighteen years of age; (III)

e. Be empowered to act on behalf of the licensee during the administrator's absence concerning the health, safety, and welfare of the residents; (III)

f. Have had training to carry out assignments and take care of emergencies and sudden illnesses of residents. (III)

57.9(6) An administrator of only one facility shall be considered as a full-time employee. ...ull-time employment is defined as forty hours per week. (III)

...470—57.10(135C) **Administration.**

57.10(1) The licensee shall:

a. Assume the responsibility for the overall operation of the residential care facility; (III)

b. Be responsible for compliance with all applicable laws and with the rules of the department; (III)

i. Pharmacist's name, telephone number, and address; (III)

j. Physical examination and medical history; (III)

k. Certification by the physician that the resident requires no more than personal care and supervision, but does not require nursing care; (III)

l. Physician's orders for medication, treatments, and diet in writing and signed by the physician quarterly; (III)

m. A notation of yearly or other visits to physician or other professional services; (III)

n. Any change in the resident's condition; (II, III)

o. If the physician has certified that the resident is capable of taking his or her prescribed medications, the administrator shall require residents to keep him or her advised of current medications, treatments, and diet. The administrator shall keep a listing of medications, treatments, and diet prescribed by the physician for each resident; (III)

p. If the physician has certified that the resident is not capable of taking his or her prescribed medication, it must be administered by a qualified person of the facility. A qualified person shall be defined as either a registered or licensed practical nurse or an individual who has completed the state-approved training course in medication administration; (II)

q. Medications administered by an employee of the facility shall be recorded on a medication record by the individual who administers the medication; (II, III)

r. A notation describing condition on admission, transfer, and discharge; (III)

s. In the event of the death of a resident, a death record shall be completed, including the physician's signature and disposition of the body. A notation shall be made on the resident record of the notification of the family; (III)

t. A copy of instructions given to the resident, legal representative, or facility in the event of discharge or transfer; (III)

u. Disposition of valuables. (III)

57.16(2) *Incident record.*

a. Each residential care facility shall maintain an incident record report and shall have available incident report forms. (III)

b. Report of incidents shall be in detail on a printed incident report form. (III)

c. The person in charge at the time of the incident shall oversee the preparation and sign the incident report. (III)

d. The report shall cover all accidents whether there is apparent injury or where hidden injury may have occurred. (III)

e. The report shall cover all accidents or unusual occurrences within the facility or on the premises affecting residents, visitors, or employees. (III)

f. A copy of the incident report shall be kept on file in the facility. (III)

57.16(3) *Retention of records.*

a. Records shall be retained in the facility for five years following termination of services. (III)

b. Records shall be retained within the facility upon change of ownership. (III)

c. Rescinded, effective 7/14/82.

d. When the facility ceases to operate, the resident's record shall be released to the facility to which the resident is transferred. If no transfer occurs, the record shall be released to the individual's physician. (III)

57.16(4) *Reports to the department.* The licensee shall furnish statistical information concerning the operation of the facility to the department on request. (III)

57.16(5) *Personnel record.*

a. An employment record shall be kept for each employee consisting of the following information: Name and address of employee, social security number of employee, date of birth of employee, date of employment, experience and education, references, position in the home, date and reason for discharge or resignation. (III)

e. Individuals with either physical or mental disabilities may be employed for specific duties, but only if that disability is unrelated to that individual's ability to perform the duties of the job. (III)

57.12(2) *Supervision and staffing.*

a. Staffing.

(1) In a facility that is licensed for more than one level of care, where the facility consists of a single building or of contiguous buildings, the department shall establish on an individual facility basis the numbers and qualifications of the staff required in a residential care facility, based on the needs of the residents in that facility.

(2) In a facility licensed only for residential care the facility shall provide the following minimum staffing ratios of personal care staff:

Days—1:25 or less (II, III)
Evenings—1:35 or less (II, III)
Nights—1:45 or less (II, III)

b. Personnel in a residential care facility shall provide twenty-four-hour coverage for residential care services. Personnel shall be up and dressed at all times in facilities over fifteen beds. (II, III)

c. Direct care staff shall be present in the facility unless all residents are involved in activities away from the facility. (II, III)

d. Physician's orders shall be implemented by qualified personnel. (II, III)

470—57.13(135C) **Admission, transfer, and discharge.**

57.13(1) *General admission policies.*

a. No resident shall be admitted to or retained in a residential care facility who is in need of greater services than the facility can provide. (II, III)

b. No residential care facility shall admit more residents than the number of beds for which it is licensed. (II, III)

c. There shall be no more beds erected than is stipulated on the license. (II, III)

d. There shall be no more beds erected in a room than its size and other characteristics will permit. (II, III)

e. The admission of a resident to a residential care facility shall not give the facility or any employee of the facility the right to manage, use, or dispose of any property of the resident except with the written authorization of the resident or the resident's legal representative. (III)

f. The admission of a resident shall not grant the residential care facility the authority or responsibility to manage the personal affairs of the resident except as may be necessary for the safety of the resident and safe and orderly management of the residential care facility as required by these rules. (III)

g. A residential care facility shall provide for the safekeeping of personal effects, funds, and other property of its residents. The facility may require that items of exceptional value or which would convey unreasonable responsibilities to the licensee be removed from the premises of the facility for safekeeping. (III)

h. Rescinded, effective 7/14/82.

i. Funds or properties received by the residential care facility, belonging to or due a resident, expendable for the resident's account, shall be trust funds. (III)

d. Clean aprons and hairnets shall be available for use by other personnel in emergency situations. (III)

e. Persons handling food shall be knowledgeable of good handwashing techniques. A hand-wash sink shall be provided in or adjacent to the food service area. Continuous on-the-job training on sanitation shall be encouraged. (III)

f. The use of tobacco shall be prohibited in the kitchen. (III)

57.21(6) *Food and drink.* All food and drink consumed within the facility shall be clean and wholesome and comply with local ordinances and applicable provisions of state and federal laws. (II, III)

470—57.22(135C) Social service program.

57.22(1) The administrator or designee shall be responsible for developing a written, organized orientation program for all residents. (III)

57.22(2) The program shall be planned and implemented to resolve or reduce personal, family, business, and emotional problems that may interfere with the medical or health care, recovery, and rehabilitation of the individual. (III)

57.22(3) There shall be a social services plan which includes specific goals and regular evaluation of progress. (III)

470—57.23(135C) Resident activities program.

57.23(1) Each residential care facility shall provide an organized resident activity program for the group and for the individual resident which shall include suitable activities for evenings and weekends. (III)

a. The activity program shall be designed to meet the needs and interests of each resident and to assist residents in continuing normal activities within limitations set by the resident's physician. This shall include helping residents continue in their individual interests or hobbies. (III)

b. The program shall include individual goals for each resident. (III)

c. The activity program shall include both group and individual activities. (III)

d. No resident shall be forced to participate in the activity program. (III)

57.23(2) *Co-ordination of activities program.*

a. Each residential care facility with over fifteen beds shall employ a person to direct the activities program. (III)

*b.**† Staffing for the activity program shall be provided on the minimum basis of forty-five minutes per licensed bed per week. (II, III)

c. The activity co-ordinator shall have completed the activity co-ordinators' orientation course offered through the department within six months of employment or have comparable training and experience as approved by the department. (III)

d. The activity co-ordinator shall attend workshops or educational programs which relate to activity programming. These shall total a minimum of ten contact hours per year. These programs shall be approved by the department. (III)

e. There shall be a written plan for personnel coverage when the activity co-ordinator is absent during scheduled working hours. (III)

57.23(3) *Duties of activity co-ordinator.* The activity co-ordinator shall:

a. Have access to all residents' records excluding financial records; (III)

b. Co-ordinate all activities, including volunteer or auxiliary activities and religious services; (III)

c. Keep all necessary records including:

(1) Attendance; (III)

(2) Individual resident progress notes recorded at regular intervals (at least every two months); (III)

*Emergency, pursuant to §17A.5(2)"b"(2) of the Code.
†Objection filed 2/14/79, see insert IAC 3/7/79

Physicians' orders are required to utilize all types of physical restraints and shall at least quarterly. (II) Physical restraints are defined as the following:
—the equipment used to promote the safety of the individual but is not applied to their person. Examples: Divided doors and totally enclosed cribs.
pe II—the application of a device to the body to promote safety of the individual. mples: Vest devices, soft-tie devices, hand socks, geriatric chairs.
Type III—the application of a device to any part of the body which will inhibit the movement of that part of the body only. Examples: Wrist, ankle or leg restraints and waist straps.

64.49(5) Physical restraints are not to be used to limit resident mobility for the convenience of staff and must comply with life safety requirements. If a resident's behavior is such that it may result in injury to himself/herself or others and any form of physical restraint is utilized, it should be in conjunction with a treatment procedure(s) designed to modify the behavioral problems for which the resident is restrained or, as a last resort, after failure of attempted therapy. (I, II)

64.49(6) Each time a Type II or III restraint is used documentation on the nurses' progress record shall be made which includes type of restraint and reasons for the restraint and length of time resident was restrained. The documentation of the use of Type III restraint shall also include the time of position change. (II)

64.49(7) Each facility shall implement written policies and procedures governing the use of restraints which clearly delineate at least the following:

a. Physicians' orders shall indicate the specific reasons for the use of restraints. (II)

b. Their use is temporary and the resident will not be restrained for an indefinite amount of time. (I, II)

c. A qualified nurse or qualified mental retardation professional shall make the decision for the use of a Type II or Type III restraint for which there shall be a physician's order. (II)

d. A resident placed in a Type II or III restraint shall be checked at least every thirty minutes by appropriately trained staff. This shall be documented on a check sheet. No form of restraint shall be used or applied in such a manner as to cause injury or the potential for injury and provide a minimum of discomfort to resident restrained. (I, II)

e. Reorders are issued only after the attending physician reviews the resident's condition. (II)

f. Their use is not employed as punishment, for the convenience of the staff, or as a substitute for supervision or program. (I, II)

g. The opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which Type II and Type III restraints are employed, except when resident is sleeping. However, when resident awakens, this shall be provided. This shall be documented each time. A check sheet may serve this purpose. (I, II)

h. Locked restraints or leather restraints shall not be permitted except in life threatening situations. Straight jackets and secluding residents behind locked doors shall not be employed. (I, II)

i. Nursing assessment of the resident's need for continued application of a Type III restraint shall be made every twelve hours and documented on the nurse's progress record. Documentation shall include the type of restraint, reason for the restraint and the circumstances. Nursing assessment of the resident's need for continued application of either a Type I or Type II restraint and nursing evaluation of the resident's physical and mental condition shall be made every thirty days and documented on the nurses' progress record. (II)

j. A divided door equipped with a securing device that may be readily opened by personnel shall be considered an appropriate means of temporarily confining a resident in his or her room. (II)

k. Divided doors shall be of the type that when the upper half is closed the lower section shall close. (II)

l. Methods of restraint shall permit rapid removal of the resident in the event of fire or other emergency. (I, II)

m. The facility shall provide orientation and ongoing education programs in the proper use of restraints. (II)

CHAPTER 63

Rules and Regulations
Setting Minimum Standards
For

RESIDENTIAL CARE FACILITIES FOR THE MENTALLY RETARDED

In addition to Chapter 63, each Residential Care Facility for the Mentally Retarded must also comply with Chapter 60

IOWA STATE DEPARTMENT OF HEALTH
Division of Health Facilities
Des Moines, Iowa 50319

CHAPTER 63

d. A separate staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management; (III)

e. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry, and dietary in common with each other.

470—63.8(135C) Administrator. Each residential care facility for the mentally retarded shall have one person in charge, duly approved by the department or acting in a provisional capacity in accordance with these regulations. (III)

63.8(1) The administrator shall be at least eighteen years of age and shall have a high school diploma or equivalent. (III) In addition this person shall meet at least one of the following conditions:

a. Be a licensed nursing home administrator who is also a qualified mental retardation professional. (III) or;

b. Be a qualified mental retardation professional with at least one year of experience in an administrative capacity in a health care facility. (III) or;

c. Have completed a one-year educational training program approved by the department for residential care facility for the mentally retarded. (III)

63.8(2) The administrator may act as an administrator for not more than two residential care facilities for the mentally retarded. (II)

a. The distance between the two facilities shall be no greater than fifty miles. (II)

b. The administrator shall spend the equivalent of three full eight-hour days per week in each facility. (II)

c. The administrator may be responsible for no more than one hundred fifty beds in total if he or she is an administrator of more than one facility. (II)

63.8(3) The licensee may be the approved administrator providing he or she meets the requirements as set forth in these regulations and devotes the required time to administrative duties. Residency in the facility does not in itself meet the requirement. (III)

63.8(4) A provisional administrator may be appointed on a temporary basis by the residential care facility for the mentally retarded licensee to assume the administrative responsibilities for a residential care facility for the mentally retarded for a period not to exceed six months when, through no fault of its own, the home has lost its administrator and has not been able to replace the administrator, provided the department has been notified prior to the date of the administrator's appointment. (III)

63.8(5) In the absence of the administrator, a responsible person shall be designated in writing to the department to be in charge of the facility. (III) The person designated shall:

a. Be knowledgeable of the operation of the facility. (III)

b. Have access to records concerned with the operation of the facility; (III)

c. Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)

d. Be at least eighteen years of age; (III)

e. Be empowered to act on behalf of the licensee during the administrator's absence concerning the health, safety, and welfare of the residents; (III)

f. Have had training to carry out assignments and take care of emergencies and sudden illnesses of residents; (III)

63.8(6) The licensee shall:

a. Assume the responsibility for the overall operation of the residential care facility for the mentally retarded; (III)

b. Be responsible for compliance with all applicable laws and with the rules of the department; (III)

c. Establish written policies, which shall be available for review, for the operation of the residential care facility for the mentally retarded. (III)

63.8(7) The administrator shall:

a. Be responsible for the selection and direction of competent personnel to provide services for the resident care program; (III)

b. Be responsible for the arrangement for all department heads to annually attend a minimum of ten contact hours of educational programs either approved or provided by the department; (III)

c. Be responsible for a monthly in-service educational program for all employees and to maintain records of programs and participants; (III)

d. Make available the residential care facility for the mentally retarded payroll records for departmental review as needed; (III)

470—63.9(135C) General policies.

63.9(1) There shall be written personnel policies in facilities of more than fifteen beds to include hours of work, and attendance at educational programs. (III)

63.9(2) There shall be a written job description developed for each category of worker in facilities. The job description shall include title of job, job summary, age range, qualifications (formal education and experience), skills needed, physical requirements, and responsibilities. (III)

63.9(3) Health examinations for all personnel shall be done at the commencement of employment and thereafter at least yearly. (III)

63.9(4) Health certificates for all employees shall be available for review. (III)

63.9(5) Health examinations shall be in sufficient detail to determine freedom from:

a. Clinical evidence of any disease in a communicable form: (III)

b. Boils or infected wounds; (III)

c. Acute or chronic inflammatory condition of respiratory system. A chest X ray or tuberculin skin test is required annually. A positive skin test requires a chest X ray; (III)

d. Evidence of a carrier state of an intestinal infection. Food handlers and nursing staff specifically shall be required to report disabilities and illnesses, especially boils, infected wounds, rashes, sores, acute respiratory infections and intestinal infections. (III)

63.9(6) There shall be written policies for emergency medical care for employees and residents in case of sudden illness or accident which includes the individual to be contacted in case of emergency. (III)

63.9(7) The facility shall have a written agreement with a hospital for the timely admission of a resident who, in the opinion of the attending physician, requires hospitalization. (III)

63.9(8) The residential care facility for the mentally retarded shall have established policies concerning the control, investigation, and prevention of infections within the facility. (III)

63.9(9) Each facility licensed as a residential care facility for the mentally retarded shall provide an organized continuous twenty-four hour program of care commensurate with the needs of the residents of the home and under the direction of an administrator whose combined training and supervisory experience is such as to ensure adequate and competent care. (III)

470—63.10(135C) Rescinded, effective 7/14/82.

470—63.11(135C) Personnel.

63.11(1) *General qualifications.*

a. No person with a current record of habitual alcohol intoxication or addiction to the use of drugs shall serve in a managerial role of a residential care facility for the mentally retarded. (II)

b. No person under the influence of alcohol or intoxicating drugs shall be permitted to provide services in a residential care facility for the mentally retarded. (II)

c. No person with a communicable disease shall be allowed to provide services in a residential care facility for the mentally retarded. (II, III)

d. Return to duty by personnel who have been diagnosed with a communicable disease shall be subject to a physician's written approval. (III)

e. Individuals with either physical or mental disabilities may be employed for specific duties, but only if that disability is unrelated to that individual's ability to perform the duties of the job. (III)

63.11(2) *Supervision and staffing.*

a. The department shall establish on an individual facility basis the numbers and qualifications of the staff required in a residential care facility for the mentally retarded using as its criteria the services being offered as indicated on the resume program of care and as required for individual care plans the needs of the resident. (II, III)

b. Personnel in a residential care facility for the mentally retarded shall provide twenty-four hour coverage for residential care services for the mentally retarded. Personnel shall be up and dressed at all times in facilities over fifteen beds. In facilities with fifteen or less beds, personnel shall be up and dressed when residents are awake. (II, III)

c. Direct care staff shall be present in the facility unless all residents are involved in activities away from the facility. (II, III)

d. Physician's orders shall be implemented by qualified personnel. (II, III)

470—63.12(135C) Resident care and personal services.

63.12(1) Beds shall be made daily and adjusted as necessary. A complete change of linen shall be made at least once a week and more often if necessary. (III)

63.12(2) Residents shall receive sufficient supervision so that their personal cleanliness is maintained. (II, III)

63.12(3) Residents shall have clean clothing as needed to present a neat appearance, be free of odors, and to be comfortable. Clothing shall be appropriate to their activities and to the weather. (III)

63.12(4) Rescinded, effective 7/14/82.

63.12(5) Residents shall be encouraged to leave their rooms and make use of the recreational room or living room of the facility. (III)

d. When a resident is discharged or leaves the facility, the unused prescription shall be sent with the resident or with a legal representative only upon the written order of a physician. (III)

e. Unused prescription drugs prescribed for residents who have died shall be destroyed by the person in charge with a witness and notation made on the resident's record, or, if a unit dose system is used, such drugs shall be returned to the supplying pharmacist. (III)

f. Prescriptions shall be refilled only with the permission of the attending physician. (II, III)

g. No medications prescribed for one resident may be administered to or allowed in the possession of another resident. (II)

h. Instructions shall be requested of the Iowa board of pharmacy examiners concerning disposal of unused Schedule II drugs prescribed for residents who have died or for whom the Schedule II drug was discontinued. (III)

i. There shall be a formal routine for the proper disposal of discontinued medications within a reasonable but specified time. These medications shall not be retained with the resident's current medications. Discontinued drugs shall be destroyed by the responsible person with a witness and notation made to that effect or returned to the pharmacist for destruction or resident credit. Drugs listed under the Schedule II drugs shall be disposed of in accordance with the provisions of the Iowa board of pharmacy examiners. (II, III)

j. All medication orders which do not specifically indicate the number of doses to be administered or the length of time the drug is to be administered shall be stopped automatically after a given time period. The automatic stop order may vary for different types of drugs. The personal physician of the resident, in conjunction with the pharmacist, shall institute these policies and provide procedures for review and endorsement. (II, III)

k. No resident shall be allowed to keep in his or her possession any medications unless the attending physician has certified in writing on the resident's medical record that the resident is mentally and physically capable of doing so. (II)

l. No medications or prescription drugs shall be administered to a resident without a written order signed by the attending physician. (II)

63.18(3) *Drug administration.*

a. A properly trained person shall be charged with the responsibility of administering medications. This person shall have completed the state-approved course for training of individuals charged with the administration of nonparental medications which meets guidelines adopted by the department and other appropriate agencies. (II)

b. Unless the unit dose system is used, the person assigned the responsibility of medication administration must complete the procedure by personally preparing the dose, observing the actual act of swallowing the oral medication, and charting the medication. (II) In facilities where the unit dose system is used, the person assigned the responsibility must complete the procedure by observing the actual act of swallowing the medication and charting the medication. Medications shall be prepared on the same shift of the same day they are administered. (II) unless the unit dose system is used.

c. Injectable medications shall not be administered by anyone other than a qualified nurse or physician. Variance may be granted if the resident's physician designates someone other than a licensed nurse to administer insulin. In the case of a resident who has been certified by their physician as capable of taking their own insulin, the resident may inject their own insulin. (II)

d. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident. (II)

470—63.19(135C) Dietary.

63.19(1) *Dietary staffing.*

a. In facilities licensed for over fifteen beds, persons in charge of meal planning and food preparation shall complete the home study course on sanitation and food preparation offered by the department. (III)

b. In facilities licensed for over fifteen beds, food service personnel shall be on duty during a twelve-hour span extending from the preparation of breakfast through supper. (III)

k. All garbage not mechanically disposed of shall be kept in nonabsorbent, cleanable containers pending disposal. All filled containers shall be covered and stored in a sanitary manner. (III)

l. The food service area shall be located so it will not be used as a passageway by residents, guests, or nonfood service staff. (III)

m. The walls, ceilings, and floors of all rooms in which food is prepared and served shall be in good repair, smooth, washable, and shall be kept clean. (III)

n. There shall be no washing, ironing, sorting, or folding of laundry in the food service area. Dirty linen shall not be carried through the food service area unless it is in sealed, leak-proof containers. (III)

o. Ice shall be stored and handled in such a manner as to prevent contamination. Ice scoops should be sanitized daily and kept in a clean container. (III)

p. There shall be no animals or birds in the food preparation area. (III)

q. No dishes or cooking utensils shall be towel dried. (III)

r. In facilities of over fifteen beds directions for the dishwashing procedure shall be posted and available to all kitchen personnel. (III)

s. If there is a dishwashing machine, it must provide a wash temperature of 140°F (60°C) to 160°F (71°C) and a rinse temperature of 170°F (70°C) to 180°F (82°C). (III)

t. The washing and sanitizing of dishes and utensils shall meet approved sanitation procedures and practices. In facilities of fifteen or more beds, a mechanical dishwashing machine or three compartment sink shall be used for washing dishes; a booster heater for the third compartment or sanitizing agent shall be used. (III)

u. All dishes, silverware, and cooking utensils shall be stored above the floor in a sanitary manner, in a clean, dry place protected from flies, splashes, dust, and other contaminants. (III)

v. Procedures for washing and handling dishes shall be followed in order to protect the welfare of the residents and employees. Persons handling dirty dishes shall not handle clean dishes without washing their hands. (III)

w. Dishes, silverware, and cooking utensils shall be properly cleaned by prerinsing or scraping, washing, sanitizing, and air-drying. (III)

63.19(5) *Hygiene of food service personnel.*

a. Food service personnel shall be free of communicable diseases and practice hygienic food handling techniques. In the event food service employees are assigned duties outside the dietetic service, these duties shall not interfere with sanitation, safety, or time required for dietetic work assignments. Personnel recovering from a diagnosed intestinal infection shall submit a report from their physician showing freedom from infection before returning to work in the food service department. (II, III)

b. Staff employees who are full time food service personnel shall wear clean, washable uniforms that are not used for duties outside the food service area. In all facilities, employees shall wear clean, washable clothing when in the food service area. (III)

c. Hairnets shall be worn by all staff food service personnel. Total enclosure of facial hair shall be provided for staff personnel. (III)

d. Clean aprons and hairnets shall be available for use by other personnel in emergency situation. (III)

e. Persons handling food shall be knowledgeable of good handwashing techniques. A hand-wash sink shall be provided in or adjacent to the food service area. Continuous on-the-job training on sanitation shall be encouraged. (III)

f. The use of tobacco shall be prohibited in the kitchen. (III)

63.19(6) *Food and drink.* All food and drink consumed within the facility shall be clean and wholesome and comply with local ordinances and applicable provisions of state and federal laws. (II, III)

470—63.20(135C) Orientation program.

63.20(1) The administrator or designee shall be responsible for developing a written, organized orientation program for all residents. (III)

b. In-service shall be provided to insure that all employees are knowledgeable of the emergency plan. (III)

63.23(3) *Resident safety.*

a. Residents shall be permitted to smoke only where proper facilities are provided. Smoking shall not be permitted in bedrooms. Smoking by residents considered to be careless shall be prohibited except when the resident is under direct supervision. (II, III)

b. Smoking is prohibited in all rooms where oxygen is being administered or in rooms where oxygen is stored. (II, III)

c. Whenever full or empty tanks of oxygen are being used or stored, they shall be securely supported in an upright position. (II, III)

d. Smoking shall be permitted only in designated areas. (II, III)

e. Residents shall receive adequate supervision to insure against hazards from themselves, others, or elements in the environment. (II, III)

63.23(4) *Restraints.*

a. Residents shall not be kept behind locked doors;

b. Temporary seclusion of residents shall be used only in an emergency to prevent injury to the resident or to others pending transfer to appropriate placements;

c. A divided door equipped with a securing device that may be readily opened by personnel shall be considered an appropriate means of temporarily confining a resident in his or her room;

d. Divided doors shall be of such type that when the upper half is closed the lower section shall close.

470—63.24(135C) Housekeeping.

63.24(1) Written procedures shall be established and implemented for daily and weekly cleaning schedules. (III)

63.24(2) Each resident unit shall be cleaned on a routine schedule. (III)

63.24(3) All rooms, corridors, storage areas, linen closets, attics, and basements shall be kept in a clean, orderly condition, free of unserviceable furniture and equipment and accumulations of refuse. (III)

63.24(4) A hallway or corridor shall not be used for storage of equipment. (III)

63.24(5) All odors shall be kept under control by cleanliness and proper ventilation. (III)

63.24(6) Clothing worn by personnel shall be clean and washable. (III)

63.24(7) Housekeeping and maintenance personnel shall be provided with well-constructed and properly maintained equipment appropriate to the function for which it is to be used. (III)

63.24(8) All furniture, bedding, linens, and equipment shall be cleaned periodically and before use by another resident. (III)

63.24(9) Polishes used on floors shall provide a nonslip finish. (III)

63.24(10) Throw or scatter rugs shall not be permitted. (III)

63.24(11) Entrances, exits, steps, and outside walkways shall be kept free from ice, snow, and other hazards. (II, III)

63.24(12) Cleaning agents, bleaches, insecticides, or any other poisonous, dangerous, or flammable materials shall not be accessible to residents except as indicated in individualized programs of care. (II, III)

63.24(13) Sufficient numbers of noncombustible trash containers, which have covers, shall be available. (III)

470—63.25(135C) Maintenance.

63.25(1) Each facility shall establish a maintenance program to insure the continued maintenance of the facility, to promote good housekeeping procedures, and to insure sanitary practices throughout the facility. In facilities over fifteen beds, this program shall be established in writing and available for review by the department. (III)

CHAPTER 64

Rules and Regulations
Setting Minimum Standards
For

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

In addition to Chapter 64, each Intermediate Care Facility for the Mentally Retarded must also comply with Chapter 61.

IOWA STATE DEPARTMENT OF HEALTH
Division of Health Facilities
Des Moines, Iowa 50319

August, 1985

CHAPTER 64

64.1(18) *"Time out"* means time out from positive reinforcement; a behavior modification procedure in which, contingent upon undesired behavior, the resident is removed from the situation in which positive reinforcement is available.

64.1(19) *"Qualified nurse"* means a registered nurse or licensed practical nurse, as defined in chapter 152 of the Code.

64.1(20) *Qualified professionals.*

a. Dietitian. A person who:

(1) Is eligible for registration by the American Dietetic Association under its requirements in effect on January 17, 1974; or

(2) Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, has one year of supervisory experience in dietetic service of a health care institution, and participates annually in continuing dietetic education.

b. Occupational therapist. A person who:

(1) Is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or

(2) Is eligible for certification by the American Occupational Therapy Association under its requirements in effect on the publication of this provision; or

(3) Has two years of appropriate experience as an occupational therapist, and has achieved a satisfactory grade on a proficiency examination except that such determination of proficiency shall not apply with respect to persons initially licensed by a state or seeking initial qualifications as an occupational therapist after December 31, 1977.

c. Occupational therapy assistant. A person who:

(1) Is eligible for certification as a certified occupational therapy assistant (COTA) by the American Occupational Therapy Association under its requirements in effect on the publication of this provision; or

(2) Has two years of appropriate experience as an occupational therapy assistant, and has achieved a satisfactory grade on a proficiency examination except that such determination of proficiency shall not apply with respect to persons initially licensed by a state or seeking initial qualification as an occupational therapy assistant after December 31, 1977.

d. Physical therapist. A person who is licensed as a physical therapist by the state of Iowa, and

(1) Has graduated from a physical therapy curriculum approved by the American Physical Therapy Association, or by the council on medical education and hospitals of the American Medical Association, or jointly by the council on medical education of the American Medical Association and the American Physical Therapy Association; or

(2) Prior to January 1, 1966, was admitted to membership by the American Physical Therapy Association, or was admitted to registration by the American Registry of Physical Therapists, or has graduated from a physical therapy curriculum in a four-year college or university approved by a state department of education; or

(3) Has two years of appropriate experience as a physical therapist, and has achieved a satisfactory grade on a proficiency examination except that such determinations of proficiency shall not apply with respect to persons initially licensed by a state or seeking qualification as a physical therapist after December 31, 1977; or

(4) Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had fifteen years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring physician; or

(5) If trained outside the United States, was graduated since 1928 from a physical therapy curriculum approved in the country in which curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy, meets the requirements for membership in a member organization of the World Confederation for Physical Therapy, has one year of experience under the supervision of an active member of the American

c. Evaluate the effectiveness.

64.37(4) Evacuation drills shall include [illegible] during at least one drill each year, on each shift. (III)

Physical Therapy Association, and has successfully completed a qualifying examination as prescribed by the American Physical Therapy Associaton.

e. Physical therapist assistant. A person who is licensed as a physical therapist assistant, if applicable, by the state of Iowa, and

(1) Has graduated from a two-year college-level program approved by the American Physical Therapy Association; or

(2) Has two years of appropriate experience as a physical therapist assistant, and has achieved a satisfactory grade on a proficiency examination except that such determinations of proficiency shall not apply with respect to persons initially licensed by a state or seeking initial qualification as a physical therapist assistant after December 31, 1977.

f. Social worker. A person who is licensed, if applicable, by the state of Iowa and who:

(1) Is a graduate of a school of social work accredited or approved by the Council on Social Work Education, and

(2) Has one year of social work experience in a health care setting.

g. Speech pathologist or audiologist. A person who is licensed, if applicable, by the state of Iowa, and

(1) Is eligible for a certificate of clinical competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association under its requirements in effect on the publication of this provision; or

(2) Meets the educational requirements for certification, and is in the process of accumulating the supervised experience required for certification.

64.1(21) *Qualified mental retardation professions.*

a. Psychologist. A psychologist with at least a master's degree in psychology from an accredited program and one year of experience in treating the mentally retarded.

b. Physician. A physician licensed under state law to practice medicine or osteopathy and one year of experience in working with the mentally retarded.

c. Educator. An educator with a degree in education from an accredited program and one year of experience in working with the mentally retarded.

d. Social worker. A social worker with a bachelor's degree in social work from an accredited program, or a bachelor's degree in a field other than social work and at least three years' social work experience under the supervision of a qualified social worker, and one year of experience in working with the mentally retarded.

e. Occupational therapist. An occupational therapist as defined in 64.1(20)"*b*" and who has one year experience in treating the mentally retarded.

f. Physical therapist. A physical therapist as defined in 64.1(20)"*d*" and who has one year experience in treating the mentally retarded.

g. Speech pathologist or audiologist. A speech pathologist or audiologist as defined in 64.1(20)"*g*" and who has one year of experience in treating the mentally retarded.

h. Registered nurse. A registered nurse who has one year of experience in treating the mentally retarded.

i. Therapeutic recreation specialist. A therapeutic recreation specialist who is a graduate of an accredited program and where applicable, is licensed or registered in the state, and who has one year of experience in working with the mentally retarded.

64.1(22) *"Responsible party"* means the person who signs or cosigns the admission agreement required in 64.17 or the resident's guardian or conservator if one has been appointed. In the event that a resident has neither a guardian, conservator nor person who signed or cosigned the resident's admission agreement, the term "responsible party" shall include the resident's sponsoring agency, e.g., the department of social services, veteran's administration, religious groups, fraternal organizations, or foundations that assume responsibility and advocate for their client patients and pay for their health care.

64.1(23) *"Restraints"* means the measures taken to control a resident's physical activity for his or her own protection or for the protection of others.

a. The distinct part shall serve only residents who require the category of care and services immediately available to them within that part; (III)

b. The distinct part shall meet all the standards, rules, and regulations pertaining to the category for which a license is being sought;

c. The distinct part must be operationally and financially feasible;

d. A separate staff with qualifications appropriate to the care and services being rendered must be regularly assigned and working in the distinct part under responsible management; (III)

e. Separately licensed distinct parts may have certain services such as management, building maintenance, laundry, and dietary in common with each other.

70—64.8(135C) Administrative support services.

64.8(1) Adequate, modern administrative support shall be provided to efficiently meet the needs of and contribute to program services for residents, and to facilitate attainment of the goals and objectives of the facility. (III)

64.8(2) There shall be adequate documentation of the purchasing process. (III)

64.8(3) The inventory control system and stockroom operation shall be adequate. (III)

64.8(4) There shall be appropriate storage facilities for all supplies and surplus equipment. (III)

64.8(5) There shall be sufficient trained and experienced personnel to accomplish the necessary purchase, supply, and property control functions. (III)

70—64.9(135C) Administrator.

64.9(1) The institution shall be administered by:

a. A person licensed in the state as a nursing home administrator; (III) or

b. A qualified mental retardation professional, with at least one year of administrative experience; (III) or

c. In the case of a hospital qualifying as an institution for the mentally retarded or persons with related conditions, by the hospital administrator. (III)

64.9(2) The administrator shall have the necessary authority and responsibility for management of the institution and implementation of administrative policies. (III)

64.9(3) A licensed administrator may act as an administrator for not more than two intermediate care facilities for the mentally retarded. (II)

a. The distance between the two facilities shall be no greater than fifty miles. (II)

b. The administrator shall spend the equivalent of three full eight-hour days per week in each facility. (II)

c. The administrator may be responsible for no more than one hundred fifty beds in total if he or she is an administrator of more than one facility. (II)

64.9(4) An administrator in charge of two facilities shall employ an individual designated as a full-time assistant administrator for each facility. (III)

64.9(5) An administrator of only one facility shall be considered as a full-time employee. Full-time employment is defined as forty hours per week.

64.9(6) In the absence of the administrator, a responsible person shall be designated in writing to the department to be in charge of the facility. The person designated shall:

a. Be knowledgeable of the operation of the facility; (III)

b. Have access to records concerned with the operation of the facility; (III)

c. Be capable of carrying out administrative duties and of assuming administrative responsibilities; (III)

d. Be at least eighteen years of age; (III)

e. Be empowered to act on behalf of the licensee during the administrator's absence concerning the health, safety, and welfare of the residents; (III)

f. Have had training to carry out assignments and take care of emergencies and sudden illnesses of residents. (III)

64.9(7) The licensee may be the administrator providing he or she meets the require-

64.12(10) A table of organization shall provide for and show:

a. Major operating programs of the facility with staff division; (III)

b. Administrative personnel in charge of program and division, and their lines of authority, responsibility, and communication. (III)

64.12(11) The administration of the facility shall provide for effective staff and resident participation and communication. (III)

a. Standing committees appropriate to the facility, such as human rights, research review, and infection shall be constituted and shall meet regularly. Committees shall include the participation of direct-care staff, whenever appropriate. (III)

b. Minutes and reports of staff meetings and standing and ad hoc committee meetings shall include records of recommendations and their implementation and shall be kept and filed. (III)

64.12(12) There shall be an active program of ready, open, and honest communication with the residents and families. (III)

a. The facility shall maintain active means of keeping resident's families or surrogates informed of activities related to the residents that may be of interest to them or of significant changes in the resident's condition. (III)

b. Communications to the facility from residents' relatives shall be promptly and appropriately handled and answered. (III)

c. Close relatives and parent surrogates shall be permitted to visit at any reasonable hour and without prior notice unless contraindicated by the residents' needs. Steps shall be taken, however, so that the privacy and rights of the other residents are not infringed by this practice. (III)

d. Parents shall be permitted to visit all parts of the facility that provide services to residents. (III)

e. Frequent and informal visits home shall be encouraged and the regulations of the facility shall facilitate rather than inhibit such visitations. (III)

470—64.13(135C) Personnel policies.

64.13(1) The hiring, assignment, and promotion of employees shall be based on their qualifications and abilities, without regard to sex, race, color, creed, age, ethnic or national origin. (III)

64.13(2) Written job descriptions shall be available for all positions. (III)

64.13(3) Licensure, certification, or standards such as are required in community practice shall be required for all comparable positions in the facility. (III)

64.13(4) Ethical standards of professional conduct, as developed by professional societies, shall be recognized as applying in the facility. (III)

64.13(5) There shall be an authorized procedure, consistent with due process, for suspension or dismissal of an employee for cause. (III)

64.13(6) The facility's personnel policies and practices shall be in writing and available to all its employees. (III)

64.13(7) Written policy shall prohibit mistreatment, neglect, or abuse of residents. (II) Alleged violations shall be reported immediately to the administrator, and there shall be evidence that:

a. All alleged violations are thoroughly investigated; (II)

b. The results of such investigation are reported in the chief executive officer or a designated representative within twenty-four hours of the report of the incident; (II, III)

c. Appropriate sanctions are invoked when the allegation is substantiated. (II)

64.13(8) Staffing shall be sufficient so that the facility is not dependent upon the use of residents or volunteers for productive services. (II, III)

64.13(9) There shall be a written policy to protect residents from exploitation when engaged in productive work. (II, III)

64.13(10) Appropriate to the size and nature of the facility there shall be a staff training program that includes:

a. Orientation for all new employees to acquaint them with the philosophy, organization, program, practices, and goals of the facility; (III)

b. In-service training for employees who have not achieved the desired level of competence, and continuous in-service training to update and improve the skills and competencies of all employees; (III)

c. Supervisory and management training for all employees in or candidates for, supervisory positions. (III)

64.13(11) Where appropriate to the size and nature of the facility, there shall be an individual designated to be responsible for staff development and training. (III)

64.13(12) Written policies shall be in effect to insure that employees with symptoms or signs of communicable disease are not permitted to work. (II, III)

64.13(13) No person with a current record of habitual alcohol intoxication or addiction to the use of drugs shall serve in a managerial role of an intermediate care facility for the mentally retarded. (II)

64.13(14) No person under the influence of alcohol or intoxicating drugs shall be permitted to provide services in an intermediate care facility for the mentally retarded. (II)

470—64.14(135C) Staff-resident relationships and activities.

64.14(1) The primary responsibility of living unit staff shall be to devote their attention to the care and development of the residents (III) as follows:

a. Living unit personnel shall train residents in activities of daily living and in the development of self-help and social skills; (III)

b. Appropriate provisions shall be made to ensure that the efforts of the staff are not diverted from these responsibilities by excessive housekeeping and clerical duties, or other nonresident care activities; (III)

c. Persons carried on the resident census performing work shall not be used to replace paid employees in fulfilling staffing requirements. (III)

64.14(2) Members of the living unit staff from all shifts shall participate in appropriate referral, planning, initiation, co-ordination, implementation, follow through, monitoring, and evaluation activities relative to the care and development of the resident. (III)

64.14(3) There shall be specific evaluation and program plans for each resident (II) that shall be:

a. Available to direct care staff in each living unit; (III)

b. Reviewed by members of an interdisciplinary program team at least monthly, with documentation of such review entered in the resident's record. (III)

64.14(4) Activity schedules shall be developed for each resident and shall be available to direct care staff and shall be implemented daily. (III)

a. Such schedules shall not permit "dead time" of unscheduled activity of more than three hours continuous duration; (III)

b. Such schedules shall allow for individual or group free activities, with appropriate materials, as specified by the program team. (III)

64.14(5) Multiple handicapped and nonambulatory residents shall:

a. Spend a major portion of their waking day out of bed; (III)

b. Spend a portion of their waking day out of their bedroom areas; (III)

c. Have planned daily activity and exercise periods; (III)

d. Be rendered mobile wherever possible by various methods and devices. (III)

64.14(6) All residents shall have planned period out-of-doors on a year basis. (III)

64.14(7) Residents shall be permitted personal possessions such as toys, books, pictures, games, radios, arts and crafts materials, religious articles, toiletries, jewelry, and letters. (III)

64.14(8) There shall be a written statement of policies and procedures for the control and discipline of residents (II) that is:

a. Available in each living unit; (III)

b. Available to parents or guardians; (III)

c. Formulated with resident participation, where appropriate. (III)

64.14(9) Corporal punishment shall not be permitted. (II)

64.14(10) Residents shall not discipline other residents, except as part of an organized self government program that is conducted in accordance with written policy. (II)

64.14(11) Seclusion, defined as the placement of a resident alone in a locked room, shall not be employed except as defined in 64.14(15). (III)

64.14(12) Rescinded, effective 7/14/82.

64.14(13) Rescinded, effective 7/14/82.

64.14(14) Rescinded, effective 7/14/82.

64.14(15) Behavior modification programs involving the use of timeout devices or the use of aversive stimuli shall be:

a. Reviewed and approved by the facility's human rights committee or the appropriate qualified mental retardation professional; (III)

b. Conducted only with the consent of the affected resident's parents or surrogates; (II)

c. Described in written plans that are kept on file in the facility; (II)

d. Applied in the case of restraints employed as timeout devices, only during conditioning sessions, and only in the presence of the trainer; (II)

e. Not used for more than one hour in the case of removal from a situation for timeout purposes, and this procedure shall be used only during the conditioning program, and only under the supervision of the trainer. (II)

470—64.15(135C) Resident-living staff.

64.15(1) There shall be sufficient appropriately qualified, adequately trained personnel to conduct the resident-living program in accordance with the standards specified in these regulations. (II, III)

64.15(2) Resident-living personnel shall be administratively responsible to a person whose training and experience is appropriate to the program. (III)

64.15(3) Regardless of the organization or design of resident-living units, the overall staff-resident ratios are as follows unless program needs justify otherwise:

a. For units including children under the age of six years, severely and profoundly retarded, severely physically handicapped, and residents who are manifestly severely hyperactive or psychoticlike behavior, the overall ratio (allowing for five-day workweek plus holiday, vacation, and sick time), is 1 to 2; (II, III)

b. For units serving moderately retarded residents requiring habit training, the overall ratio is 1 to 2.5; (II, III)

c. For units serving residents in vocational training programs and adults who work in sheltered employment situations, the overall ratio is 1 to 5. (II,III)

64.15(4) Where family living accommodations are provided for employees in the facility:

a. Children under fourteen years of age shall not be allowed into the service areas in facilities of more than fifteen beds; (III)

b. The residents' bedrooms shall not be occupied by employees, family members of employees, or family members of the licensee. (III)

c. In facilities where the total occupancy of family, employees, and residents is more than five, separate bathing and toilet facilities shall be required for the family or employee distinct from such areas provided for residents. (III)

470—64.16(135C) Admission and release.

64.16(1) A resident shall be admitted when it has been determined in accordance with 64.16(2)"*c*" that the resident is in need of the care and services provided by the institution. (II, III)

64.16(2) Active treatment. A program of active treatment shall be provided for each resident, to be initiated upon admission. (II) The active treatment program shall include:

a. Regular participation in professionally developed and supervised activities, experiences or therapies; (III)

b. An individual written plan of care which:

(1) Sets forth measurable goals or behaviorally stated objectives; (III)

(2) Prescribes an integrated program of individually designed activities, experiences or therapies; (III)

c. An interdisciplinary professional evaluation (II) that:

(1) Provides for a complete medical, social and psychological diagnosis and evaluation; (III)

(2) Provides for evaluation of the individual's need for institutional care; (III)

(3) Is conducted by a physician, a social worker and other professionals; (III)

(4) Includes at least one member of the team who is a qualified mental retardation professional; (III)

d. Re-evaluation medically, socially, and psychologically at least annually by staff involved in carrying out resident's plan of care including: (II)

(1) Review of progress toward meeting plan objectives; (III)

(2) Appropriateness of the plan of care; (III)

(3) Assessment of continuing need for institutional care; (III)

(4) Consideration of alternate methods of care; (III)

e. An individual postinstitutional plan developed prior to discharge by a qualified mental retardation professional and other appropriate professionals (II) includes provision for:

(1) Appropriate services; (III)

(2) Protective supervision; (III)

(3) Other followup services in resident's new environment. (III)

64.16(3) No individual whose needs cannot be met by the facility shall be admitted to it. (II) The number admitted as residents to the facility shall not exceed:

a. Its licensed bed capacity; (II, III)

b. Its provisions for adequate programming; (II, III)

c. The number of beds approved by the Health Facilities Construction Review Committee. (III)

64.16(4) The laws, regulations, and procedures concerning admission, readmission, and release shall be summarized and available for distribution. (III)

64.16(5) The intermediate care facility for the mentally retarded shall admit only residents who have had a comprehensive evaluation covering physical, emotional, social, and cognitive factors, conducted by an appropriately constituted interdisciplinary team, as defined in 64.16(2)"*c*." (II)

64.16(6) Evaluation of the resident's initial need for services shall be defined without regard to the actual availability of the desirable options. (III) The team shall:

a. Investigate all available and applicable programs of care, treatment, and training with findings recorded; (III)

b. Make admissions to the intermediate care facility for the mentally retarded only when it is determined to be the optimal available plan; (III)

c. Determine appropriateness of admission and initiate plans for continued exploration of alternatives. (III)

64.16(7) Within the period of one month after admission there shall be:

a. A review and updating of the preadmission evaluation; (III)

b. A prognosis that can be used for programming and placement; (III)

c. Direct-care personnel participation in the aforementioned activities; (III)

d. A record of the results of the evaluation included in the resident's unit record. (III)

e. A written interpretation of the evaluation which is made to:

(1) The direct care personnel responsible for carrying out the resident's program; (III)

(2) The special services staff responsible for carrying out the resident's program; (III)

(3) The resident's parents or surrogates. (III)

64.16(8) There shall be a regular, joint review at least annually of the status of each resident by all relevant personnel including, personnel in the living unit, with program recommendations for implementation. (II) This review shall include:

a. Consideration of the advisability of continued residence and alternative programs; (III)

b. At the time the resident attains majority, or if he or she becomes emancipated prior thereto, consideration of:

(1) The need for guardianship of the resident; (III)

(2) The exercise of the resident's civil and legal rights. (III)

64.16(9) The results of these reviews shall be:

a. Recorded in the resident's unit record; (III)

b. Made available to relevant personnel; (III)

c. Interpreted to the resident's parents or surrogates who shall be involved in planning and decision making; (III)

d. Interpreted to the resident, when appropriate. (III)

64.16(10) At the time of permanent release or transfer, a summary of findings, progress and plans shall be recorded. (III)

64.16(11) Planning for release shall include:

a. Provision for appropriate services; (III)

b. Protective supervision and other follow-up services in the resident's new environment; (III)

c. Procedures established so parents or guardians who request the release of a resident are counseled concerning the advantages and disadvantages of such release. (III)

64.16(12) When a resident is transferred to another facility, there shall be:

a. Written evidence of the reason for the transfer; (III)

b. Except in an emergency, prior knowledge, and ordinarily the written consent, of the resident and guardian. (III)

64.16(13) In the event of any unusual occurrence, including serious illness or accident, impending death, or death, the resident's next-of-kin, or the person who functions in that capacity (a guardian or citizen advocate) shall be notified promptly. (III)

64.16(14) When death occurs:

a. If an autopsy is performed in accordance of state law, it shall be performed by a qualified physician, so selected as to be free of any conflict of interest or loyalty; (III)

b. The family shall be told of the autopsy findings, if they so desire. (III)

470—64.17(135C) **Contracts.** Each party shall receive a copy of the signed contract. (III) Each contract for residents shall:

64.17(1) State the rate or scale per day or per month for services included in the rate or scale and method of payment; (III)

64.25(7) There shall be available sufficient, appropriately qualified training and habilitation personnel and necessary supporting staff to carry out the training and habilitation program. (II, III)

64.25(8) Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a qualified mental retardation professional as defined in 64.1(20) in this chapter. (III)

470—64.26(135C) **Health services.** The facility shall provide health services which assure that each resident receives treatments, medications, diet, and other health services as prescribed and planned, all hours of each day, (III) in accordance with the following:

64.26(1) *Health service supervisor.* Immediate supervision of the facility's health services on all days of each week shall be by a registered nurse or licensed practical nurse employed full-time on the day shift in the intermediate care facility for the mentally retarded and who is currently licensed to practice in the state of Iowa (II) provided that:

a. In the case of facilities where a licensed practical nurse serves as the health service supervisor, consultation shall be provided by a registered nurse, through formal contract, at regular intervals, of not less than four hours weekly; (II, III)

b. Licensed practical nurses serving as health services supervisors shall have training that includes either graduation from a state approved school of practical nursing or education and other training that is considered by the Iowa board of nursing to provide a background that is equivalent to graduation from a state approved school of practical nursing. (III)

c. Other categories of licensed personnel with special training in the care of residents may serve as charge nurse provided that such is licensed by the state in such category following completion of a course of training which includes at least the number of classroom and practice hours in all of the nursing subjects included in the program of a state approved school of practical nursing, as evidenced by a report to the department of Iowa board of nursing comparing the courses in the respective curricula. (III)

64.26(2) *Responsible staff members.* Responsible staff members shall be on duty and awake at all times to assure prompt, appropriate action in cases of injury, illness, fire, or other emergencies. (II)

64.26(3) *Staffing provision for facilities of fifteen beds or less.* In the case of a facility with fifteen beds or less which has only residents certified by a physician as not in need of professional nursing services, standards as specified in 64.26(1), and 64.26(2) shall be considered met if:

a. There is a formal contract for the services of a registered nurse or public health nurse to visit as required for minor illnesses, injuries, or emergencies; (III)

b. There is consultation on the health aspects of the individual plan of care; (III)

c. There is a responsible staff member on duty at all times who is immediately accessible, to whom resident can report injuries, symptoms of illness and emergencies. (II)

64.26(4) *Health care plan.* A written health care plan shall be developed and implemented by appropriate staff for each resident in accordance with instructions of the attending or staff physician. The plan shall be reviewed and revised as needed, at least quarterly. (III)

64.26(5) *Nursing services.* Nursing services, including restorative nursing, shall be provided to achieve and maintain the highest possible degree of function, self-care, and independence in accordance with the needs of the residents. (II, III)

64.26(6) *Registered nurse participation.* Nursing services to residents shall include as appropriate registered nurse participation in:

a. The preadmission evaluation study and plan; (III)

b. The evaluation study, program design, and placement of the resident at the time of admission to the facility; (III)

c. The periodic re-evaluation of the type, extent, and quality of services and programming; (III)

d. The development of discharge plans; (III)

64.27(7) There shall be a written policy governing the self-administration of drugs, whether prescribed or not. (III)

64.27(8) The compounding, packaging, labeling, and dispensing of drugs, including samples and investigational drugs, shall be done by the pharmacist, or under supervision, with proper controls and records. (III)

64.27(9) Each drug shall be identified up to the point of administration. (III)

64.27(10) Whenever possible, drugs that require dosage measurement shall be dispensed by the pharmacist in a form ready to be administered to the resident. (III)

64.27(11) Medications shall not be used by any resident other than the one for whom they were issued. (II, III)

64.27(12) A qualified nurse or an individual who has completed the state approved training course in medication administration shall be responsible for the administration of all medications as prescribed by the physician. The health service supervisor shall be held responsible for all medications. (II, III)

64.27(13) Drug administration.

a. Injectable medications shall not be administered by anyone other than a qualified nurse or physician. In the case of a resident who has been certified by their physician as capable of taking their own insulin, the resident may inject their own insulin. (II)

b. An individual inventory record shall be maintained for each Schedule II drug prescribed for each resident.

c. The health service supervisor shall be responsible for the supervision and direction of all personnel administering medications.

64.27(14) All prescribed medications shall be clearly labeled indicating the resident's full name, physician's name, prescription number, name and strength of drug, dosage, directions for use, date of issue, and name and address and telephone number of pharmacy or physician issuing the drug. Where unit dose is used, prescribed medications shall, as a minimum, indicate the resident's full name, physician's name, name and strength of drug, and directions for use. Standard containers shall be utilized for dispensing drugs. Paper envelopes shall not be considered standard containers. (II, III)

64.27(15) Unless the unit dose system is used, the person assigned the responsibility of medication administration must complete the procedure by personally preparing the dose, observing the actual act of swallowing the oral medication, and charting the medication. In facilities where the unit dose system is used, the person assigned the responsibility must complete the procedure by observing the actual act of swallowing the medication and charting the medication. Medications shall be prepared on the same shift of the same day they are administered, unless the unit dose system is used. (II, III)

64.27(16) Drug storage.

a. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security; (III)

b. All drugs shall be kept under lock and key except when authorized personnel are in attendance; (II)

c. The security requirements of federal and state laws shall be satisfied in storerooms, pharmacies, and living units; (II)

d. Poisons, drugs used externally, and drugs taken internally shall be stored on separate shelves or in separate cabinets, at all locations; (II)

e. Medications that are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment with proper security; (II, III)

f. If there is a drug storeroom separate from the pharmacy, there shall be a perpetual inventory of receipts and issues of all drugs by such storeroom. (III)

b. Help the family to develop constructive and personally meaningful ways to support the resident's experience in the facility. (III) through:

(1) Counseling concerned with problems associated with changes in family structure and functioning; (III)

(2) Referral to specific services as appropriate; (III)

c. Help the family to participate in planning for the resident's return to home or other community placement. (III)

64.33(5) After the resident leaves the facility, social workers shall provide systematic followup to assure referral to appropriate community agencies. (III)

64.33(6) There shall be available sufficient, appropriately qualified staff and necessary supporting personnel to carry out the various social service activities. (II, III)

a. Social workers providing service to the facility shall meet the requirements of 64.1(20)"*f*." (III)

b. Social work assistants or aides employed by the facility shall work under the supervision of a social worker having the qualifications specified in 64.33(6)"*a*" of this subrule. (III)

470—64.34(135C) Recreation services.

64.34(1) Recreational services shall be co-ordinated with other services and programs provided for the residents in order to make fullest possible use of the facility's resources and to maximize benefits to the residents. (II, III)

64.34(2) Records concerning residents shall include:

a. Periodic surveys of their recreation interests; (III)

b. The extent and level of each resident's participation in the activities program. (III)

64.34(3) There shall be sufficient, appropriately qualified recreation staff and necessary supporting staff to carry out the various recreation services in accordance with stated goals and objectives. (II, III)

64.34(4) Personnel conducting the recreation program shall have:

a. A bachelor's degree in recreation, or in a specialty area such as art, music or physical education (III) or;

b. An associate degree in recreation and one year of experience in recreation (III) or;

c. A high school diploma, or an equivalency certificate and two years of experience in recreation, or one year of experience in recreation plus completion of comprehensive in-service training in recreation (III) or;

d. Demonstrated proficiency and experience in conducting activities in one or more program areas. (III)

64.34(5) Recreation areas and facilities shall be designated and constructed or modified as to be easily accessible to all residents regardless of their disabilities. (III)

64.34(6) Recreation equipment and supplies in sufficient quantity and variety shall be provided to carry out the stated objectives of the activities programs. (III)

470—64.35(135C) Care review committees. Each facility shall establish a care review committee in accordance with section 135C.25 of the Code which shall operate within the scope of these rules and regulations for health care facilities. (III)

64.35(1) *Purpose.*

a. The committee shall represent the rights of the consumer to the facility for determination of appropriate care, of services available in the facility and for determination of any discriminative practices. (III)

b. The committee shall consider the needs of the residents in respect to the services the facility is authorized to render. (III)

c. The committee shall consist of at least three members and no more than five. (III)

d. The areawide health planning council shall appoint the members of the committee from individuals who have an interest in the provision of health care services and protection of dependent persons. After failure of the areawide health planning council to appoint members to the care review committee within the time unit specified in the Code, the

64.35(4) Role of committee in complaint investigations.

a. The department shall notify the facility's care review committee of a complaint from the public.

b. The department may refer complaints to the committee for initial evaluation or investigation. After such initial evaluation or investigation, the committee shall report to the department in writing the results of the evaluation or investigation within ten days any pertinent information it may have regarding the complaint.

c. The department shall notify the committee and the Iowa commission on aging of its findings upon conclusion of its investigation.

d. Results of complaint investigations initiated by the committee that detect violations of the Code or rules of the department shall be forwarded to the department within ten days of completion of the investigation.

e. The committee shall be responsible, upon department request, to monitor correction of justified complaints.

64.35(5) Reserved. 9/1/78.

64.35(6) *Assistance to the committee.*

a. All physicians admitting residents to the facility shall have the responsibility of assisting the committee when necessary. (III)

b. The physician's certification of care shall be made available to the committee by the administrator. (III)

c. The licensee of the facility shall meet with the committee on a consultation basis and furnish information upon request to the committee. (III)

d. Committee members may seek advice and counsel from allied health professions, from specialists in the community, or from appropriate state agencies. (III)

470—64.36(135C) Fire safety.

64.36(1) The facility shall meet such provisions of the Life Safety Code of the National Fire Protection Association (1973 Edition) as are applicable to institutional occupancies. (I, II)

64.36(2) For facilities of fifteen beds or less, the lodging or rooming houses section of the residential occupancy requirements of the code may apply for institutions for the mentally retarded or persons with related conditions, all of whose residents are currently certified by a physician or psychologist as defined in 64.1(21)"*a*" in this chapter, as:

a. Ambulatory; (III)

b. Engaged in active programs for rehabilitation which are designated to and can reasonably be expected to lead to independent living, or in the case of an institution for the mentally retarded or persons with related conditions, receiving active treatment; (III)

c. Capable of following directions and taking appropriate action for self-preservation under emergency conditions. (III)

470—64.37(135C) Safety.

64.37(1) There shall be a written staff organization plan and detailed, written procedures, which are clearly communicated to, and periodically reviewed with, staff for meeting all potential emergencies and disasters pertinent to the area such as fire, severe weather, and missing persons. (III)

64.37(2) The emergency and disaster plans and procedures shall be posted at suitable locations throughout the facility. (III)

64.37(3) Evacuation drills shall be held at least quarterly, for each shift of facility personnel and under varied conditions in order to:

a. Ensure that all personnel on all shifts are trained to perform assigned tasks; (III)

b. Ensure that all personnel on all shifts are familiar with the use of firefighting equipment in the facility; (III)

c. Evaluate the effectiveness of disaster plans and procedures. (III)

64.37(4) Evacuation drills shall include actual evacuation of residents to safe areas during at least one drill each year, on each shift. (III)

APPENDIX C

STATE APPROVED COURSES

STATE COURSES OFFERED THROUGH THE AREA COMMUNITY COLLEGES
LONG TERM CARE COURSES

The following courses are state curriculums are required and approved by the various Stae Departments. Most of the courses are required prior to or soon after employment in the job. The department, board and contact persons are listed in the course requirements. The curriculums, student handbooks, and tests are available from Programs in Health Occupations, The University of Iowa, N 487 Lindquist, Iowa City, Iowa 52242 (319)353-3536-Joyce Brandt

Course Requirements	Descriptions	Course Requirements
GERIATRIC AIDE/ORDERLY 60 Hr. Course 30 Hours Class 30 Hours Clinical in a Long Term Care Facility Required to work as nurse/aide orderlies in long term care facilities. Must have prior to or within 6 months of employmnet. Course and competencies approved by Ia. Dept. of Inspection and Appeals. Etta Chesterman, Lucas State Office Bldg., Des Moines,50319 (515)281-4233 is the contact person.	This 60 hr. course provides the skills necessary to work as geriatric aid/orderlies in long term care facilities. Emphasis is on the skills required to perform basic nursing care for residents. Class, laboratory and supervised clinical experiences are the methods used to teach the course. The area colleges award certificates verifying "successful completion" of the approved course. A state final examination will be available after Sept. 1986.	There are no reqruiements to take course. Teachers must be R.N.'s, preferably with experience in long term care.
Aide/Orderly for Acute Care 120 Hour Course The first 60 hrs. is the approved Geriatric Aid/Orderly Course The second 60 Hrs. 30 Hrs. Class 30 Hrs. Clinical in an acute Care Facility No requirments/no approvals.	The 120 Hr. Aid/Orderly course is a laddered curriculum. The first 60 hrs. is the required 60 hr. geriatric course and the second 60 hrs. is designed to provide nurse aides/orderlies with skills to work in acute care facilities. The course is not required to work in Acute Care. Many hospitals have their own course to train aid/orderlies. The area colleges award certificates verifying "successful completion".	No Student prerequisites. R.N.'s must teach the course. There can be a time span between the first and second 60 hours.
Residental Attendant 60 Hour Course This course is approved by the Iowa Department of Inspections and Appeals. Etta Chesterman contact person (see (Nurse Aide/Orderly). NOT required/highly recommended.	This 60 hour course prepares men and women to work in Residental Care Facilities with the mentally retarded, mentally ill and with residents with developmental disabilities. Emphasis is placed on normal growth and development through the life span and methods to help residents towards 'normalcy'. The area colleges award certificates verifying "successful completion" of the approved course.	No requirements for students to take the course.

Course Requirements	Descriptions	Other Requirements
ACTIVITY COORDINATOR 42 Hour Course The course is required to work as an Activity Coordinator in Long Term Care Facilities. The Course is approved by the Iowa Department of Inspection and Appeals Etta Chesterman contact person. (See Geriatric Nurse/Aide)	This 42 Hr. Course prepares men and women to work as Activity Coordinators in Long Term Care Facilities. The course contnet includes information to assist the Activity Coordinator to design activity programs that will assist the residents physically, mentally and socially. Course methods are designed to similate the work setting, and help the student apply what is learned in class. Area Colleges award certificates verifying "Successful Completion" of the course.	There are no student pre-requisites.

MEDICATION COURSES

There are five state approved medication courses; the 50 hour Medication Aide Course, the 10 hour Medication Manager Course, the 10 hr. Medication Course for Child Caring Facilities, the 10 hr. Medication Course for Supervised Living Apartments, and the 5 hr. course for jailers. All medication courses are approved by the Iowa Board of Pharmacy Examiners, Norm Johnson, Exec. Director, 1209 Court, Des Moines, Ia. 50319, (515)281-5944 and the other state agency that that develops rules for the facilities; these contact persons will be identified in course information. Curriculums, student handbooks, and tests are available from Programs in Health Occupations, The University of Iowa, N487 Lindquist Center, Iowa City, Iowa 52242. (319)353-3536 Joyce Brandt contact person.

Course Requirements	Descriptions	Requirements
MEDICATION AIDE 50 Hour Course 40 Hr. Class 10 Hr. Clinical Required to work as medication aide in intermediate and residental care facilities. Curriculum approved by Ia. Dept. of Inspection and Appeals, Etta Chesterman, Lucas State Office Bldg. Des Moines, Ia. 50319 (515)281-4233	This 50 Hr. course provides the knowledge and skills necessary to administer non-parenteral medication in residental and intermediate care facilities. For successful completion the students must pass a state prepared examination and demonstrate safety in administering non-parenteral medications in the clinical area. This evaluation will be made by an R.N. and submitted to the area college. A certificate will be awarded by the area colleges verifying "successful completion" of the approved course.	Pre-requisites 1)Certificate of Successful completion for 60 Hr. Geriatric Aid/ Orderly Course of the 60 Hr. Residental Aid Course 2)One yr. employment at the long term care facility 3)Recommendation from the facility to take course. Must be taught by an R.N or Pharmacist.

There are three approved 10 hour medication courses that have basically the same curriculum. The courses are required for differenct facilities, under the supervision of different departments, divisions so the pre-requisites, and criteria for successful completion differ. The medications given in child caring facilities will also differ somewhat from those given in the adult facilities. Students for all three courses can be taught in the same class by using the Handbooks prepared for each individual course and with the instructor emphasizing the differences at the appropriate point in the class. They are all approved by the Iowa Board of Pharmacy Examiners. The other departments, divisions that have approved the courses are listed in course requirements.

Course Requirments	Course Descriptions	Other Requirements
MEDICATION MANAGER COURSE 10 Hrs. Plus Clinical or Laboratory to verify safe administration of nonparenteral meds. Required to give medications in an MR Residental facility of less then 15 beds. If the facility has more than 15 beds must take Medication Aide Course. May only work in facility in which they had clinical experience. Curriculum approved by Ia. Dept of Inspection and Appeals. Etta Chesterman is the contact person. (515)281-4233	This 10 Hr. Plus course prepares residental attendants or nurse/aide orderlies to administer nonparenteral medications in a specific MR/Residental facility of 15 beds or less. The student must successfully pass a 50 question final prepared by the area college and demonstrate safety through the successful completion of the clinical evaluation; supervised, evaluated by an R.N. The area colleges award certificates verifying "successful completion" of the approved course.	Pre-requisities 1) Certificate for completion of the 60 Hr. Geriatric Aide/Orderly or 60 Hr. Residental Attend. Course. 2)Employed for at a minimum of 90 days by recommending facility. 3)Recommendation from facility. Teachers must be R.N.'s or Pharmacists.
MEDICATION MANAGER FOR CHILD CARING 10 Hour Course Plus Clinical A Similated laboratory may be substituted for the clinical but must be done by course instructor and clinical evaluation must be on file. Approved by Ia. Dept. of Human Servies Don Kassar, Div.Adult, Children, Family Servies, Hoover Office Bldg., Des Moines 50319 (515)281-3186 Required to administer medications in child caring facilities. May work in any child caring facility in the state.	This 10 hr. plus course is designed to prepare men amd women to safely administer nonparenteral medications in child caring facilities. Emphasis is on knowing procedures to administer medications from a prescription bottle and to observe for common effects of the medications and report any changes noted. Certificates are awarded by the area college upon "successful completion" of the course.	Recommendation by the facility is the only requirment for taking the course. Must be taught by an R.N. or Pharmacist.

Course Requirements	Descriptions	Other Requirements
MEDICATION COURSE FOR SUPERVISED LIVING ARRANGEMENTS 10 hour plus course Laboratory experiences will be used to similate clinical, additional time must be scheduled and student must be checked and approved in laboratory by the instructor before successful completion. Required to administer nonparenteral medications to clients in supervised living arrangements-maybe approved with the medication manager or child caring course as long as they recognize the most commonly administered meds ordered for clients in SLA.'s. Approved by the Ia. Depart. of Human Services. Julie Dettmann, Div. of Mental Health, Mental Retardation, and Developmental Disablities, Hoover Bldg., Des Moines, 50319 (515)281-3758	This 10 hour plus course is designed to prepare ment and women to safely administer nonparenteral medications to clients in supervised apartment living arrangements. The emphasis is on safely giving meds. from prescription bottles and recognizing and reporting common reactions. A certificate will be awarded by the area college verifying "successful completion" of the approved course.	Recommendation by the facility is the only requirment to take the course. Must be taught by an R.N. or Pharmacist.
MEDICATION COURSE FOR JAILER 5 hr. Course with clinical Approved by the Ia. Depart. of Human Services. Generally this course is taught by the Sherrif Assoc. but is available to be taught by the area community college.	This is a five hour course designed to prepare men and women to safely administer nonparenteral medications in jail. Emphasis is on the safe adminstration from a prescription bottle, and recognition of obvious effects from the medications. Certificates verifying "successful completion" of the approved course are awarded.	No prerequisites. Must be taught by R.N. or Pharmacist.

RESIDENTAL ATTENDANT COURSE

COURSE DESCRIPTION: This 60 hour course is designed to prepare men and women to work in Residental and Intermediate Care Facilities with mentally ill, and mentally retarded residents. The emphasis is on philosophy of care "normalization". Normal activities are determined by examining normal growth and development models. The course has been approved by the Iowa Department of Health and upon successful completion participants are given a certificate stating "Completion of the 60 hour Approved Course for Residental Attendants."

Revisions : This is a course revision of the approved course developed 10/25/79. The major revisions are the emphasis and threading of the normalization philosophy throughout the course, the emphasis on assisting the resident to select activities and behaviors appropriate for their stage of development, the emphais on residents rights and legal and ethical responsibilities of the R.A., material on sexuality, more on planning and preparing proper meals, and new material on development of resident care plans. Deletions include bed baths, CPR?First Aid(recognizing symptoms that need to be reported is still included as well as the Heimlich Man.) The course has been reorganized to facilitate these changes.

Course Goals:

Upon completion of the course participants should be able to:

Recognize the needs and rights of the residents with whom they will be working and provide the support necessary for the residents to accomplish their daily living activities.

Describe the various types of services and personnel required to assist the residents to maximum functioning, with specific emphasis on the role of the residental attendant.

Discuss the ethical and legal responsibilities of the residental attendant when working with the residents.

CONTENT OF UNITS OF INSTRUCTION:

Unit 1: Introduction to the course, the facilities in which R.A's will be working and an overview of the types of residents in these facilities. Philosophy of care is introduced as well as ethical and legal considerations. The rules and regulations for the facilities are included as is Residents Rights. Approx. Time 6-8 hrs.

Unit 2: Human Growth and Development, personality concepts, Sexuality, and behavior concepts are discussed. Approx. Time 7-8 hrs.

Unit 3: Special techniques for working with residents are emphasized in this unit. These include "normalization", Communication skills for all residents with an emphasis on those with communication disabilities, techniques for working with physically disabled, behavioral approaches, reality orientation, handling agressive behavior, and helping families to become more involved. Approx. Time 10 hours

Unit 4: Recognizing physical problems, basic first aide, safety needs of all residents, application of restraints, Approx. Teaching time 10 hours.

Unit 5. This unit explores the physical needs of the resident, assisting them with good personal hygiene, appropriate grooming, included is activity needs and planning a field trip, as well as responsiblities while on a field trip. Approx. 8 hrs.

Unit 6: Food and nutritional needs, planning and preparing meals; as well as methods for caring for food. Approx. Time 6 hrs.

Unit 7: Individualized care plans, development of resident goals with an emphasis on the R.A.'s responsiblities in assisting with the implementation of the care plans. Approx. time 8 hrs.

ACTIVITY CO-ORDINATOR ORIENTATION PROGRAM

Course Description

This 42 hour course is designed to prepare persons to work as activity co-ordinators in long term care facilities. The course includes the knowledges and skills necessary to determine facility and resident needs and plan an acitivity program that will meet these needs. The course has been approved by the Iowa Department of Health and meets their requirements for employment in the facilities for which they are responsible.

Course Goals

Upon successful completion of this program learners should be able to:

1. Describe the role and list the responsiblities of the activity co-ordinator in long term care facilities.

2. Recognize the individual needs of the residents and identify various types of approaches that are used to help the residents lead as normal of lifes as possible.

3. Plan, develop and evaluate an activity program for the residents within the facility.

4. Plan, develop and evaluate an activity program for the residents within a facility.

Evaluation

Quizes and tests will be given as determined by the local teaching agency. Several homework activities are required for each unit and an overall course project is required for successful completion of the course.

Successful Completion

Upon successful completion the learner will be given a certificate of successful completion which will qualify them to work in the activity department of long term care facilities.

APPENDIX D

HUMAN SERVICE TRAINING NETWORK

The Clearinghouse is a project of the Iowa University Affiliated Facility, with support from the Iowa Governor's Planning Council on Developmental Disabilities and the Department of Human Services' Human Resources Development grant from NIMH.

Call (toll free) 1-800-272-7712

Update 1986

The Human Services Training & Technical Assistance Clearinghouse

The Developmental Disabilities Training and Technical Assistance Clearinghouse

Created for the purpose of sharing Iowa's training and technical assistance resources, The Clearinghouse provides a statewide "brokerage" service to help meet the training and technical assistance needs of programs serving individuals with disabilities throughout Iowa. Originally designed for programs serving persons with mental retardation and other developmental disabilities, the Clearinghouse is expanding to help meet the training needs of mental health and other community-based human service providers. The Clearinghouse collects information about all types of resources (both people and curricula) and disseminates information and materials upon request.

"Training" is defined as a helping process offered in a formal instructional setting, which involves the use of training programs or curricula. Training programs offer structured opportunities for the development of knowledge and skills, allowing participants to meet identified learning needs. Training resources maintained by The Clearinghouse include lists of trainers having expertise in specialized areas and a lending library of self-contained training packages, which may be borrowed for short periods of time by providers throughout the state.

"Technical Assistance" is defined as a helping process offered in an informal, consultative setting, involving the technical knowledge or professional expertise of one or more people. Technical assistance often takes the form of needs identification, systems development, or program evaluation in content areas such as quality assurance, standards compliance, or case management.

Resource Subject Areas

The Clearinghouse catalogs and distributes resources in the following areas:

- Accreditation
- Advocacy
- Certification/Licensure
- Client Training Programs
- Developmental Disabilities
- Direct Care Skills
- Facility Management
- Human Growth & Development
- Individual Program Planning/Case Management
- Laws/Regulations
- Mental Health Disorders
- Mental Health Professional Interventions
- Professional Development
- Supervisory Training
- Support Services Skills
- Vocational Services Issues/Skills

How to Use the Clearinghouse

There are two types of resources available through The Clearinghouse: materials to be borrowed, and the catalogued knowledge of human resources. You may call or write The Clearinghouse to request information on people who have registered their ability to provide training or technical assistance in particular subjects, as well as to request to borrow any items from The Clearinghouse's lending library of general information and training materials.

In Iowa: 1-800-272-7713

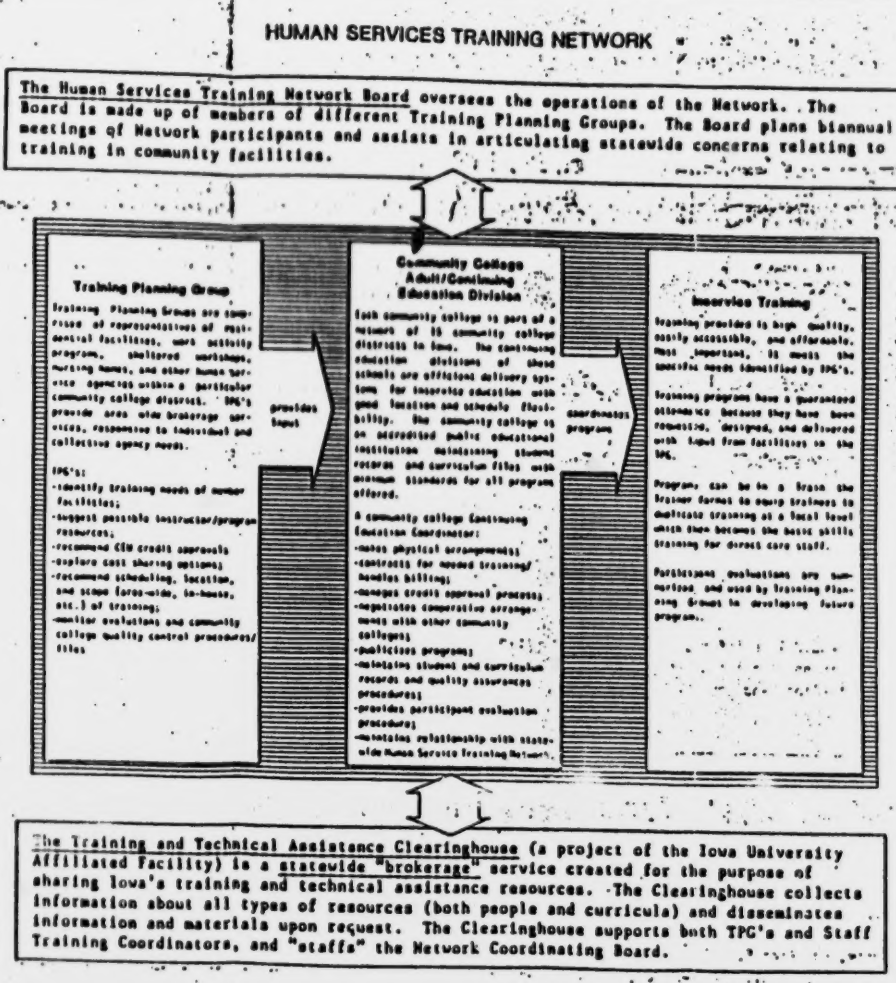
The Clearinghouse
Iowa University Affiliated Facility
Division of Developmental Disabilities
University Hospital School
Iowa City, Iowa 52242

The Clearinghouse will attempt to meet identified needs by matching appropriate resources. Materials on loan may be kept for 3 to 5 working days, it is the borrower's responsibility to return items by an indicated due date. When requesting information about a human resource, the requestor will be responsible for actually accessing and/or negotiating for specific training or technical assistance from the identified source. Fiscal support for the acquisition of the training and technical assistance will also be the responsibility of the requestor.

The Human Services Training Network is a cooperative effort aimed at enhancing the quality of care provided to individuals in human service programs through the delivery of effective staff training. Originally comprised of facilities serving persons with mental retardation or other developmental disabilities, the Network is expanding to help meet the staff training needs of mental health and other community-based human service providers.

The Network is organized around Iowa's 15 existing community college districts. At the core of the Network are the local Training Planning Groups--one in each district. Each Training Planning Group consists of representatives of public and private human service agencies and a community college Continuing Education Coordinator. The Training Planning Group works to facilitate the delivery of appropriate inservice training to meet area facilities' particular staff training needs.

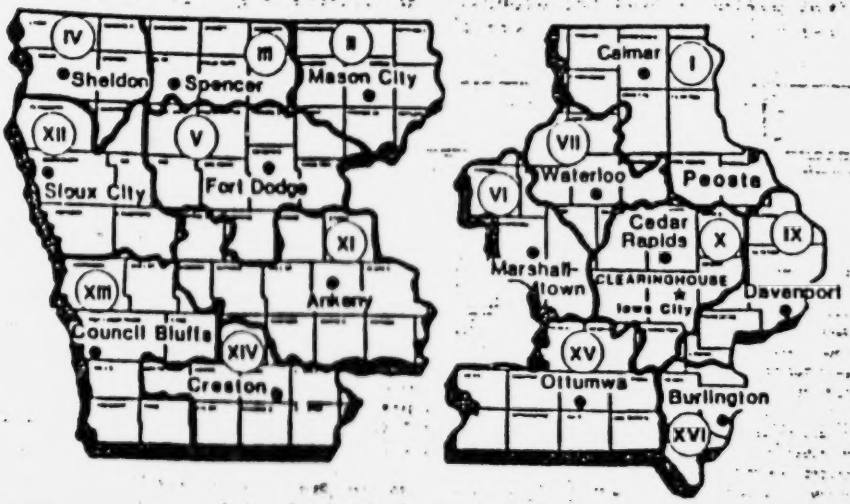
Assisting with this cooperative staff training process is the Iowa Training and Technical Assistance Clearinghouse. Located at Iowa's University Affiliated Facility in Iowa City, the Clearinghouse provides a "brokerage" service for the Network, matching needs with resources (both people and curriculum). The Clearinghouse maintains a lending library of resources (training packages, audiovisual materials) available to facilities at no cost to support training activities.


HUMAN SERVICES TRAINING NETWORK
The Human Services Training Network Board oversees the operations of the Network. The Board is made up of members of different Training Planning Groups. The Board plans biannual meetings of Network participants and assists in articulating statewide concerns relating to training in community facilities.
Training Planning Group
Training Planning Groups are composed of representatives of residential facilities, work activity programs, sheltered workshops, nursing homes, and other human service agencies within a particular community college district. TPG's provide area wide brokerage services, responsive to individual and collective agency needs.
TPG's:
-identify training needs of member facilities;
-suggest possible instructor/program resources;
-recommend CEU credit approvals
-explore cost sharing options;
-recommend scheduling, location, and scope (area-wide, in-house, etc.) of training;
-monitor evaluations and community college quality control procedures/files
provides input
Community College Adult/Continuing Education Division
Each community college is part of a network of 15 community college districts in Iowa. The continuing education divisions of these schools are efficient delivery systems for inservice education with good location and schedule flexibility. The community college is an accredited public educational institution maintaining student records and curriculum files with minimum standards for all programs offered.
A community college Continuing Education Coordinator:
-makes physical arrangements;
-contracts for agreed training/handles billing;
-manages credit approval process;
-negotiates cooperative arrangements with other community colleges;
-publicizes programs;
-maintains student and curriculum records and quality assurances procedures;
-provides participant evaluation procedures;
-maintains relationship with statewide Human Services Training Network.
coordinates program
Inservice Training
Training provided is high quality, easily accessible, and affordable. Most important, it meets the specific needs identified by TPG's.
Training programs have a guaranteed attendance because they have been requested, designed, and delivered with input from facilitators on the TPG.
Programs can be as a brass the trainer formats to equip trainees to duplicate training at a local level which then becomes the basic skills training for direct care staff.
Participant evaluations are summarized and used by Training Planning Groups to developing future programs.
The Training and Technical Assistance Clearinghouse (a project of the Iowa University Affiliated Facility) is a statewide "brokerage" service created for the purpose of sharing Iowa's training and technical assistance resources. The Clearinghouse collects information about all types of resources (both people and curricula) and disseminates information and materials upon request. The Clearinghouse supports both TPG's and Staff Training Coordinators, and "staffs" the Network Coordinating Board.

The Human Services Training Network is a cooperative effort aimed at enhancing the quality of care provided to individuals in human service programs through the delivery of effective staff training. Originally comprised of

The Human Services Trainin
Board is made up of member
meetings of Network partic

The map below divides the state into east/west regions and defines the boundaries of each community college district. The Network's regional consultants are also listed.



Andy Visser
Human Services Training Network Consultant, West
Northwest Iowa Technical College
Sheldon, Iowa 51201
(712) 324-2587

Gary Zeutenhorst
Human Services Training Network Consultant, East
Iowa University Affiliated Facility
The University of Iowa
University Hospital School
Iowa City, Iowa 52242

If you would like information about how to join the Training Planning Group in your area, please contact either Andy or Gary.

Primary funding for the Human Services Training Network and Clearinghouse has been provided by the Governor's Planning Council for Developmental Disabilities. (This includes funds

APPENDIX E

COMMUNITY COLLEGE TRAINING PLANNING GROUP

TRAINING SESSIONS AS REPORTED BY TRAINING PLANNING GROUPS

AREA	NO.	# TRAINED	RES/DAY	COST*	TOPICS
I	75	1,003	100%-0%	0	Handicapping conditions, sexuality, rights, First Aid, medication, CPR, safety, nursing policy and procedure, physical care, recreation, beh. management, crisis intervention, IPPs
II	17	98R/?D	76%-24%	0	Coping with criticism, mental health, seizures, sexuality, beh. management, CARF, Computerized instruction
III	23	318	50%-50%	0	Mental health, sexuality, rights, CPR, health/physical care, safety, rec/leisure skills
IV	57	375	50%-50%	0 $11-CPR	Staff wellness, self-esteem, normalization, Kids on the Block, positive attitudes, CPR, physical care, academic skills, Gentle Approach
V	2	17	?	$30	Normalization, supervising for results
VII	9	198	100%-0%	$23	Sex abuse, sign language, health care, medical terminology, behavior management
X	5	159	50%-50%	$20	Sex abuse, dual diagnosis, health, Alzheimers, leisure activities
XI	2	24	?	$40	Mandt training
XII	33	284	0%-100%	0	Philosophy, sign language, role of supervisor, procedures, community services, behavioral objectives, task analysis, beh. management
XIV	7	117	?	$5.50	Sexuality, mental health, legal rights, health, leisure
XV	9	202	?	$14	Mental health, dual diagnosis, behavior management
XVI	24	871	100%-0%	$10	Handicapping conditions, professional development, physical/medical care, safety, goals and objectives

*COST is a per person figure and may be an average figure for a number of sessions.

CERTIFICATION COURSES AS REPORTED BY PLANNING GROUPS

AREA	DNA	RA	MA	MM	MAU	# TRAINED	COST
I	X					40	?
II		X				36	$102
III		X				10	$72
IV		X				8	$0
VI		X				?	?
VII		X				7	$48
				X		5	$10
					X	40	$3
X		X				20	?
				X		70	$13
XI		X				16	$102
			X			22	$35
				X		48	$17
XIV					X	22	$9.50
XV			X			31	$62

DNA: Developmental Nursing Assistant
RA: Resident Attendent
MA: Medication Aide
MM: Medication Manager
MAU: Medication Aide Update

HUMAN SERVICES STAFF TRAINING

There are sixteen areas in Iowa that are divided by community college districts. The Area Coordinators of many of the districts play a vital role in coordination and record keeping of the training activities that occur in their area. The information on hours of training and participants is an estimate based on interview and quarterly training reports. In all cases the community colleges offer CEU credit or certificates for attending sessions.

AREA I

Most of the training was provided by and received by staff at a major residential agency in the area. On occasion other care facilities would participate or jointly sponsor a session.

Topics: 75, covering such topics as: first aid, medication, CPR, safety and nursing policy and procedure, physical care, recreation, behavior management, crisis intervention, philosophy, IPP training, overview of handicapping condition sessions, sexuality, and rights. Sessions ranged from 1 to 8 hrs., average 2.88 hours.

Five people took 40 hours of a session called Developmental Nursing Assistant.
Consumer: Residential care staff attended the sessions: total 1,003. It should be understood that these are not 1,003 separate people. Vocational staff in this area are not active in this training group and most likely provide training to their personnel on an individual facility basis.
Cost: There was no cost to participants; the residential facility provided the sessions in house presented by residential staff or community people who did not charge for their services (small percentage of presentations).

AREA II

Area II provided 3 major programs and 4 varied sessions. Some of the cost was defrayed by money received from the County Board of Supervisors out of the money set aside to be used for MRDD activities. Four sessions (Seizures, Beh. Management, CARF)were given to vocational staff at specific facilities. Major programs for residential staff were.

Residential Aide: An program approved by the Dept. of Inspection and Appeals to train direct care workers to increase skills in working with clients. The program is currently 90 hours of training, but last year it was 70 hours. Thirty-six staff members completed the 70 hour program last year; staff were from two main residential agencies. Each person receives Residential Aide Certification (which some facilities base pay increments on the training the staff person has had). The facility pays the $102.00 per person fee; outside, trained or expert presentors are used. From 10-12 instructors are used over the course of the 70 hours of training. The site is usually the facility where hands-on activities and competencies can be demonstrated. The fees are paid from the facility's educational budget. The area coordinator predicts that as people get trained and certified, the need for the program will decrease.

Five sessions presented at 5 locations to a total of 46 residential direct care staff on how to use the personal computer to instruct clients in educational activities. Attendance was free as it was a replication (train-the-trainer) program from an earlier funding year. The site was the community college.

Coping with Criticism: Four 1 and 1/2 hour sessions presented at 4 locations to a total of 38 residential direct care staff. Attendance was free as it was a replication (train-the-trainer) program from an earlier funding year. The site was the community college.

Computer Training: Five sessions at 5 locations presented to a total of 46 residential staff on how to use the computer for in educational activities with clients. A total of 35 hours was spent on this training. Attendance was free; grant money was used for this. Site was the community college.

Other topics: Sexuality and mental health (4 sessions, one which was 28 hours on coping, for a total of 43 hours. Attendance: 104.

AREA III

Area III provided two major and 12 varied inservice activities. The community college provides coordination and assistance; except for the resident attendant course there is no cost for sessions because training is provided by inhouse staff. Facilities may have paid for one staff person to attend a training session; that staff person is then the

trainer of the staff in his/her facility. Inservice participants in this area equally represent vocational and residential agencies. The training provided included:

Resident Attendant Course: A 60 hour course that awards a certificate for completion of the approved program. The course is similar to others around the state. The area coordinator, Avis Davis, sits on the Long Term Care Task Force that is reviewing the resident attendant courses. The task force plans to recommend a standard curriculum for the courses that would be implemented across the state. The course given in Area III costs $72 p/person, paid by the sending agency or the participant. Ten people completed the course last year.

Basic Mental Health: Basic Mental Health courses are about the mental health of the client. Eleven sessions of a total of 21 hours were provided with 94 people in attendance. Originally each facility paid to send one person to be trained in Basic Mental Health; these people trained staff at their own facilities. Therefore, there was no cost to facilities or participants except for the original staff person's training.

Other Topics: Twelve sessions in the areas of CPR, Sign Language, Health/Physical Care, Safety, Resident's Rights, Sexuality, and Rec/Leisure skills were provided for a total of 33 hours of training with 224 people in attendance.

AREA IV

Two major agencies provide the residential and vocational services in this area (each has own residential and vocational component). The personnel directors of these agencies survey staff re: inservice needs, plan activities, and provide the sessions for their own staff. The community college gives certificates for attendance.

Resident Attendant: Eight people at one agency completed 60 hours of training.

Other topics: Fifty-seven sessions of a total of 375 hours to 375 staff were provided in areas such as CPR, physical and medical care, the gentle approach, health and safety procedures, mental health, wellness for staff, philosophy, teaching skills (money, computer use). Some of the sessions were very large: for example 106 attended the Gentle Approach session, 87 physical development, 85 wellness, 93 work activity centers, 121 self esteem, 104 adolescence, 96 Kids on the Block, 103 positive attitude, and

104 normalization.

Consumer: Both residential and vocational staff.

Cost: All were provided at no cost except CPR training at $11.00 per participant. The agencies had staff members provide the training at the facility in most cases; the area coordinator reported that some of these trainers do training statewide for other agencies.

AREA V

The area coordinator reported that she doesn't sit in on any training group meetings; she thinks that each facility arranges their own training but she does not know how much or what type of training they may have.

Training activities in the area she was aware of included two sessions: Supervising for Results for 13 people at a facility by a facility staff person at no cost and a session on the Philiosophy of Normalization for 4 people for two days at the cost of $30.00 per person.

AREA VI:

Area VI coordinates for residential facilities; vocational facilities handle their own staff development. The majority of the training provided is for a resident attendant course.

Resident Attendant Course: The program is a 70 hour course broken into topic areas and offered throughout the year. It is approved by the Department of Inspection and Appeals. The site is at Central Iowa Residential Services in Marshalltown (two at satellite in Iowa Falls). The community college provides a certificate of completion. It usually takes a year for a person to complete the course. The instructors are free; either in house or volunteers in the community.

AREA VII

Inservice sessions included:

Resident Attendant: A 60 hour course @ $48 per participant attended by 7 people.

Medication Manager: A 10 hour course @ $10 per participant attended by 5 people.

Medication Aide Update: A 3 hour course @ $3 per participant attended by 40 people.

Other topics: Nine sessions in the areas of sex abuse, sign language, medical terminology, behavior management, and health care were provided at an average cost of $23 per session (range $0-78) for a total of 92 hours with 198 people in attendance.

AREA IX Area IX has sessions, but were for geriatric or mentally ill target group.

AREA X

The Area X coordinator sits on the training group meetings, arranges those requested by the group, gives certificates and CEU's, and provides space at the community college for no cost. (Info. from sheets rather than interview).

Resident Attendant Course: A 60 hour course for 20 people for certification. Cost is not known.

Administration of Medication/residential facilities: A 10 hour course that 70 people attended for a cost of $13 per participant, paid by the sending agency.

Other Topics: Five sessions at the community college were provided: Sexual Abuse for 4 and 1/2 hours @22 p/session for 19 people; Health for 6 hours @ $25 for 49 people; Alzheimers for 3 hours @ 12 for 24 people; Leisure Activities for 4 and 1/2 hours @ no cost for 36 people; and Dual Diagnosis for 7 hours @ 20 for 31 people.

Other sessions at individual facilities included 11 sessions at no cost. Each session was from 1-2 hours in length and was attended by from 19-26 people (average 23). These sessions were held across 3 facilities.

AREA XI

Area XI had a number of sessions for geriatric and mentally ill service providers at

well as for dd. Those for DD were:

Resident Attendant Course: A 60 hour course @ $102 p/participant, attended by 16 people.

Medication Manager and Medication Aide: The Med Manager is a 10 hour course that was held 2 times @ $17 per person and was attended by 48 people. The Medication Aide is a 50 hour course held 2 times @ $ 85 person and was attended by 22 people.

Other topics: A Mandt training was held twice at 6 hours each @ 40 p/participant and served a total of 24 people.

AREA XII

Most participants in Area XII work in vocational facilities. Each facility surveys and develops inservice training for their own staff, held at their own facility. There is no charge for participants and the presentation is usually by a staff member or volunteer community member. Six adult vocational facilities provided and reported their training activities (those for mental health agencies are not included).

Training Activities: Thrity-three topics over 83 hours of training were presented with a total of 284 in attendance. Most sessions lasted one to three hours. Topics were in the areas of philosophy, sign language, behavior management, role of supervisor, procedures, behavioral objectives, task analysis, and community services.

AREA XIV

Medication Aide Update: A 3 hour course @ $9.50 per person attended by 22 people.

Other Topics: Seven other sessions, mostly held at the community college, in the areas of health, sexuality, mental health, leisure curriculum, and legal rights. Cost was from $1- 12.00 (average $5.50) for an average of 8 hours each with 117 attending (average of 16 per session.

AREA XV

The Area XI community college assists the training group in their meetings to develop needs and evaluate programs. She also coordinates the inservice effort and the community college provides space for many of the sessions. The community college charges direct costs for salary, travel, printing, refreshments, and presentor fee if applicable. The college provides either a certificate of attendance or CEU's. The coordinator pointed out that they (at the community college have a strong committment to provide this training; it is very important. The main problem is that because facilities pay from their budget they cannot send more than a few staff when the complete staff of 12, say, need the training. She feels more is needed to reach all the staff. Sessions provided included:

Medication Aide: Three sessions (52 hours at $62 per participant, 2 hours at $20, and 54 hours at $50) were provided. Thirty-one people attended.

Behavior Management: Seven sessions from 5-7 hours each were provided at a cost of from $9-30.00 (average cost $16.00) per participant (paid by the sending agency) and were attended by a total of 142 persons.

Other Topics: Two other sessions were provided: Dual Diagnoses @ $25 for 7 hours to 29 people and Mental Health @ no cost for 7 hours to 31 people.

AREA XVI

Area XVI has the coordinator and one person on staff who is assigned to training; the training person does other training as well but does much of the mr/dd training activities. Most of the sessions are developed by the coordinator and trainer or are replications of sessions they have attended. The community college provides most at the actual facility; the three county care facilities have a contract with the community college to provide training. Each county care facilities pay $20 per month to the college. Three other sessions were provided that had a cost from $2-35. The community college area coordinator said they try to break even on the training. However they fear as the state reduces aide, their ability to provide training will decrease as well. The community college awards certificates and CEU's. A large residential and vocational center in the area also provides quite a bit of training inhouse on their own (Hope

Haven).

Topics: A total of 24 sessions in the areas of handicapping conditions, professional development, physical/medical care, safety, and goals and objectives were provided for a total of 102 hours of training to a total of 871 in attendance.

APPENDIX F

COMMUNITY COLLEGE DEGREE PROGRAMS

KIRKWOOD
COMMUNITY COLLEGE

HANDICAPPED SERVICES PROGRAM COMPETENCIES

I. Personal Attributes

- A. Assertiveness
- B. Empathy
- C. Openness
- D. Responsibility

II. General Value Orientation

- A. Committment to enhancing the competence and worth of handicapped persons.
- B. Committment to the philosophy of normalization
- C. Committment to a developmental philosophy
- D. Committment to advocate for the rights of handicapped persons
- E. Committment to a team approach to intervention

III. Skill Areas (broken down into specific skills on the following pages)

- A. Instructional skills
- B. Behavior Management Skills
- C. Designing and planning skills
- D. Data management skills
- E. Communication skills
- F. Physical care skills
- G. Equipment operation skills

6301 Kirkwood Blvd. S.W. P.O. Box 2068 Cedar Rapids, IA 52406 (319) 398-5411

COMMONLY ASKED QUESTIONS ABOUT HANDICAPPED SERVICES

1. Do these classes transfer?
   Yes, all classes in the Arts and Sciences transfer to other colleges and universities. The Associate of Arts degree is a degree tailored to fit the core requirements for Iowa, Iowa State, and UNI. Students need 90 hours unless they are going to UNI which requires 94 hours in Handicapped Services for transferring as a junior. Most students go to Kirkwood two years before transferring.

2. What are the job prospects like for a one or two year graduate?
   About the same for each. The three most likely places for employment are: 1) as group home workers; 2) as associates in special education classrooms; 3) as supervisors of sheltered workshops. Salaries begin at $5.00 - $6.00 per hour. Of the students who actively look over 90% find part or full-time employment. Most jobs are found in the area of mental retardation. About one-half of these people work with adults.

3. Do I have to take a foreign language?
   Some schools (Iowa and Iowa State) require one year of college or two years of high school foreign language. Most others do not.

4. What is a practicum?
   A supervised field experience where you will get the opportunity to practice skills under the direction of a qualified professional in special education or a related field. Although these are not paid experiences, students often find employment where they have done a practicum. Students who are already employed may use their job for one of the two practicum experiences. All students must take the Handicapped Services Orientation (Fall or Spring) and one Skill course and maintain a 2.00 GPA before doing a practicum.

5. How many classes should I take?
   The rule of thumb that I use is:
   (4 classes) 16 quarter hours and 0-15 hours of work per week
   (3 classes) 12 quarter hours and 15-30 hours of work per week
   (2 classes) 8 quarter hours and 30-45 hours of work per week

   Students who spend more time than this in school and work frequently do poorly and often drop out of school entirely.

6. Who do I contact with questions about Handicapped Services?
   Jack Terndrup, Handicapped Services Coordinator
   310 Benton Hall 398-5551

NAME _____ DATE OF ENROLLMENT _____

HANDICAPPED SERVICES DIPLOMA (47.5 CH)

COMMUNICATION ARTS (8 CH)

____Composition I

____Speech Communications

PSYCHOLOGY (12 CH)

____General Psychology

____Growth and Development

____Exceptional Child

SKILL DEVELOPMENT (13.5 CH)

____Observation & Management of Behavior

____Mainstreaming & Mild Disabilities

____Physical & Mult. Disabilities

____First Aid

____C.P.R.

FIELD EXPERIENCE (14 CH)

____Handicapped Services Orientation

____Practicum and Seminar I

____Practicum and Seminar II

NOTE: A minimum 2.00 GPA is required in order to receive a degree or diploma. It is the student's responsibility to keep track of progress toward their degree and to apply for graduation at the start of their last quarter.

ASSOCIATES OF ARTS DEGREE (90 CH)

COMMUNCIATION ARTS (4 CH)

____ Composition II

HUMANITIES (12 CH)

____ Literature

____ Arts & Ideas

____ Literature or A & I

MATH/SCIENCE (12 CH)

____ Math

____ Science

____ Math or Science

HISTORICAL/CULTURAL (8 CH)

____

____

DISTRIBUTED REQUIREMENT (4 CH)

____

ELECTIVES (3 CH)

____

ASSOCIATE OF SCIENCE/CAREER OPTION (90 CH)

COMMUNICATION ARTS (4 CH)

____Composition II

HUMANITIES OR HISTORICAL/CULTURAL (8 CH)

____

____

MATH/SCIENCE (8 CH)

____ Math or Science

____ Math or Science

ELECTIVES (23 CH)

Vo-Tech courses having a U designation may be used in this category.

____

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____

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HANDICAPPED SERVICES

TUITION, FEES

Full-time Iowa resident (12 qtr. hrs.)	$230/qtr.
13, 14, 15 qtr. hrs. each additional $3; $239 maximum	
Full-time non-resident (12 qtr. hrs.)	$460/qtr.
13, 14, 15 qtr. hrs. each additional $6; $478 maximum	
Full-time international student (12 qtr. hrs.)	$460/qtr.
13, 14, 15 qtr. hrs. each additional $6; $478 maximum	
Part-time resident (1-11 qtr. hrs.)	$20/qtr. hr.
Part-time non-resident (1-11 qtr. hrs.)	$40/qtr. hr.
Part-time international student (1-11 qtr. hrs.)	$40/qtr. hr.
Student Fee, 7 or more qtr. hrs.	$10/qtr.
Student Fee, 1-6 qtr. hrs.	$2/qtr.
Registration Fee, 1-11 qtr. hrs.	$5/qtr.
Registration Fee, 12 or more qtr. hrs.	$10/qtr.
Estimated Materials Fee	$15/qtr.

The student fee covers health services, recreation, student publications and admission to athletic events and some lectures and concerts.

The costs listed above do not include transportation and personal expenses. You should consider these expenses when figuring the total cost of attending Kirkwood.

Kirkwood Community College does not discriminate on the basis of handicap, sex, race, color, religion or national origin in its educational programs, activities or admission procedures.

Information in this brochure is subject to change without notice.

KIRKWOOD
COMMUNITY COLLEGE

ON-SITE EXPERIENCE

Each student will complete two on-site (practicum) experiences. The program coordinator works with the student to select settings where they can develop job-related skills and explore future career opportunities. Practicums are available in the following areas: autism, emotional disabilities, hearing impairment, learning disabilities, mental retardation, physical disabilities, visual impairment.

Graduates of the Handicapped Services program are prepared to do the following tasks:

1. Observe and record data.
2. Write activity summaries and anecdotal records.
3. Implement individual and small group lesson plans.
4. Assist individuals in basic self-care tasks.
5. Motivate others to work to their potential.
6. Conduct developmental activities.
7. Follow health and safety guidelines.
8. Communicate effectively with supervisors, co-workers, parents and the individuals being served.

CURRICULUM

Most students starting Fall quarter will follow this sequence for the Handicapped Services diploma:

Fall	
PY026T	Handicapped Services Orientation
PY027T	Skill Development: Observation and Management of Behavior
PY002T	General Psychology
CM101T	Composition I
MS003T	First Aid
MS004T	Cardio-pulmonary Resuscitation
Winter	
PY029T	Handicapped Services Practicum and Seminar I
PY028T	Skill Development: Mainstreaming and Mild Disabilities
PY020T	Psychology of Growth and Development
PY024T	Exceptional Child
Spring	
PY030T	Handicapped Services Practicum and Seminar II
PY031T	Skill Development: Physical and Multiple Disabilities
CM204T	Speech Communication

Fourth, fifth and sixth quarters are core courses and electives needed for either the AA or AS/Career Option degree.

Futures begin
at
KIRKWOOD

COURSE INFORMATION

The courses described below reflect the kinds of skills, activities and instruction that will be part of your curriculum.

HANDICAPPED SERVICES ORIENTATION Provides an introduction to the Handicapped Services program, its scope, requirements and practicum sites within local agencies and institutions. Examines the roles of the professional and para-professional.

SKILL DEVELOPMENT OBSERVATION AND MANAGEMENT OF BEHAVIOR Covers the development of behaviorally based programs for people having behavior disorders, emotional disabilities and mental retardation. Skills developed include: observing and recording behavior, applying behavior modification techniques, writing behavior contracts and operating token economies. Examples stress self-help, socialization and academics.

SKILL DEVELOPMENT: MILD DISABILITIES AND MAINSTREAMING Emphasizes the role of a teacher associate in special education settings. Students learn to work with persons having mild learning, mental and emotional disabilities. Skills developed include: communication techniques, developmental assessment, interviewing and implementation of small group and individual activities in developmental and academic areas.

SKILL DEVELOPMENT: PHYSICAL AND MULTIPLE DISABILITIES Presents physical care techniques and services for physically and multiply disabled people. Skills developed include: assisting people in the use of adaptive devices (wheelchairs, braces, etc.), assisting persons with self-care activities, psychological practices to promote self-esteem and skills needed to work effectively as an advocate for handicapped people.

PRACTICUM AND SEMINARS I & II: Include placement in an agency or educational setting to work with the handicapped. A seminar will be held to discuss experiences of students in their practicum settings. Students assigned to a practicum site will have specific objectives related to identified competencies.

ADMISSION

Kirkwood considers the total individual in granting admission to college programs. Kirkwood does require that you have completed high school, or a G.E.D. program, or that you are a "mature adult" when you apply.

WHEN TO APPLY

Generally, admission is granted on a continuous basis as you complete required admission procedures for your area of interest. Applicants will therefore find it to their advantage to apply as soon as they have decided to seek admission in a program. Applications will be accepted not more than 12 months prior to a program starting date.

Since vocational-technical programs at Kirkwood are filled on a first-come basis, anyone interested should apply as soon as a decision is made in order to be assured consideration for a program. Some programs fill well in advance of their starting dates.

HOW TO APPLY

Request an application for admission by writing to:

Office of Admissions, Kirkwood Community College, 6301 Kirkwood Blvd. S.W., Cedar Rapids, IA 52406

or phone: (319) 398-5517

Complete the application form and submit it to the Admissions Office along with a transcript of your high school grades. If you are transferring to Kirkwood from another college, please ask each college you have attended to send the Admissions Office a transcript. There is no application fee.

over . . .

The Handicapped Services program provides an opportunity for people to learn the knowledge, skills and attitude necessary to work effectively as paraprofessionals with individuals who have mild to severe developmental disabilities. Students are prepared to enter into helping relationships in a way that assists others in developing independent and developmentally appropriate behavior.

All students earn a one-year (three-quarter) diploma. Additional courses may be taken for an Associate of Arts degree for students planning to transfer into special education, psychology or other related areas. Students may also choose to work toward a terminal, two-year, Associate of Science/Career Option degree. Persons interested in this program are required to consult the program coordinator prior to enrolling.

PREPARATION

Any class which increases the students ability to solve problems, communicate, and write coherently will be of assistance. Background knowledge in child development and psychology is also helpful.

STARTING DATE

Most students will begin the program in the fall quarter. Students may enroll at other times and take classes on a full or part-time basis.

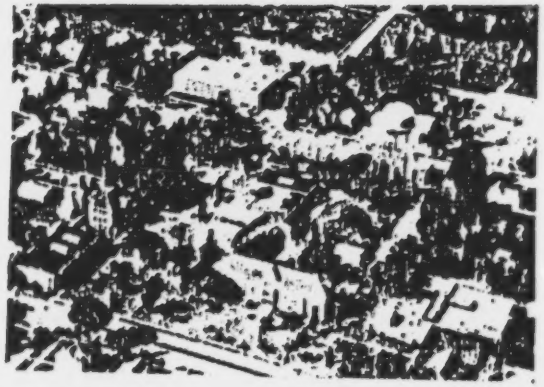
JOB OPPORTUNITIES

Employment opportunities are available for qualified men and women in the following areas:

- Day care programs
- Recreation programs
- Residential care programs
- Special education classes
- Work activity centers

STARTING SALARY

Depending on the community and the type of agency, starting salaries range from $700 to $1000 per month for a full-time job.



Ellsworth Community College was founded in 1890 by Eugene Ellsworth and by 1894 had established an outstanding reputation as an institution of higher education.

This was the beginning, from an enrollment of fifty at the turn of the century, the figures grew to over five hundred just before the great depression. During those difficult days, Ellsworth maintained quality education with the determined effort of the faculty, administrators, and especially the people of Iowa Falls. This effort has inspired Ellsworth to become one of the strongest members of the community college system in the state of Iowa.

Operating under the auspices of the Iowa Valley Community College District, Ellsworth students come from every region of the United States and several foreign countries, with an enrollment of over 800 and climbing.

Ellsworth has kept pace with a changing world, with new residence halls, vocational education buildings, a new math-science complex, and a newly completed $700,000 physical education facility.

A new indoor pool was recently opened for student and community use. A good share of the cost of the facility came from the community, friends of Ellsworth, and alumni. The future looks bright, with plans for a new trades and industry building, and fine arts complex.

Ellsworth

Optimistic and Modern . . .

- Wide range of educational offerings
- Experienced, well-qualified faculty
- Small classes
- Concerned individual attention
- Modern, expanding facilities
- Inexpensive
- Small college atmosphere
- Many extra-curricular activities
- Varied and unique programs
- Individual instruction
- Fully accredited educational offerings

Social Activities

Something for everyone . . .

- Athletic events
- Live music dances
- Theatrical productions
- Picnics
- Movies
- Billiards
- Bowling
- Indoor pool
- Sauna
- Racquetball courts

Human Services

ELLSWORTH Community College

Iowa Falls, Iowa 50126

Careers In Service to Others

At Ellsworth Community College you can secure a rewarding career through training and experience in the Human Services Program. This program provides for actual experience in working with people as well as advanced classroom instruction.

Several Options Available

There are basically three options available in the Human Services Program.

1. *You are equipped to go to work after one year of training.*
2. *You can take a second year of training and then go to work.*
3. *You can transfer with an A.A. degree to a four year program in special education, psychology or social work.*

156

These are the courses you take in the Human Services Program

- Human Growth and Development or Adolescent Psychology.
- Exceptional Child
- First Aid and CPR
- Developmental Activities and Materials
- Health Care
- Counseling and Tutoring
- Human Services Tech I,II and III
- Practice In Selected Areas

Excellent Job Outlook

When you have completed the Human Services curriculum you are qualified for employment in the following areas:

A. Child Development workers in facilities serving handicapped children.

B. Staff in residential and vocational rehabilitation programs serving handicapped adults.

C. Staff in public and private facilities serving delinquent and dependent youth.

D. Teacher aides and associate instructors in special education programs.

Job counseling and placement are available for graduates of the Human Services Program. ***Employers have requested more Human Services graduates than we have been able to supply.***

GENERAL INFORMATION

Ellsworth Community College is accredited by the State Department of Public Instruction and North Central Association of Colleges and Secondary Schools. All instructors are approved by the State Department of Public Instruction.

Approximate Yearly Costs For Tuition, Room and Board, Books, and Fees is $2,000.

Human Services Program

Name _____

R.R. or St. _____

Town _____

State _____ Zip _____

Parent's Name _____

Home Phone _____

I would like to visit Ellsworth on: 157

_____
month day time

For More Information
Send this Brochure Panel To:

Mike McDonald
ELLSWORTH COMMUNITY COLLEGE
1100 College Avenue
Iowa Falls, Iowa 50126
or Phone: 515-648-4611

Ellsworth Community College of Iowa Valley Community College District affirms that it does not discriminate on the basis of sex in the educational programs or activities which it operates and is in compliance with Title IX of the educational amendments of 1972

The requirement not to discriminate in education programs and activities extends to employment therein and admission thereto.

Rehabilitation Studies

enrollment date: any quarter
program length: 7 quarters
degree: Associate of Science
campus: Estherville

Rehabilitation facilities require employees trained as work supervisors, residence supervisors (State Certification may be required), sheltered workshop coordinators, rehabilitation planners, and other positions involving direct client contact. The Rehabilitation Studies program gives you the education and work experience necessary for direct entry into the helping professions.

Class time is spent on methods, organizations, techniques, resources and evaluation procedures which serve handicapped people. Field work during the summer provides valuable experience in a rehabilitation facility.

If you choose to go on, the Associate of Science degree transfers as the first two years of a four year degree in rehabilitation or a related field.

These specialized courses will be required in addition to those required for the Associate of Science degree.

First Quarter
Intro to Rehabilitation
Intro to Sociology
Evaluation Methods

Second Quarter
Interpersonal Speech
General Psychology
Psychology of Adjustment
Physical Disabilities
Psychology of Self

Third Quarter
Recreational Games
Rehabilitation Internship 6-9 hrs. p/wk
Physical Education Activity
Principles of Sociology (elective)

Fourth Quarter - Summer
Field Work Practicum 40 hrs. p/wk.

Fifth Quarter
Rehabilitation Internship
Human Growth & Development
Abnormal Psychology

Sixth Quarter
Social Problems
Rehabilitation Internship 6-8 hrs p/wk
Mental Retardation

Seventh Quarter
Psychology of Learning
Independent Living Skills
Applied Psychology
Client Management/Work Adjustment
Community Resources

Recreation Specialist

enrollment date: any quarter
program length: 7 quarters
degree: Associate of Science
campus: Estherville

With more leisure time than in previous generations people are seeking better ways to use time in community and commercial recreation. The recreation field offers you opportunities to work in parks and recreation management, resorts, camps, health spas, hospitals, rehabilitation centers, youth agencies, and city, county and state government sponsored positions.

The geographic location of ILCC near the Iowa Great Lakes gives you the opportunity to visit many public, private and commercial agencies. Many students receive college credit while working with these agencies throughout the year in addition to credit received for on-the-job training in the summer between freshman and sophomore years.

Employment following graduation is good for the ILCC Recreation Specialist program. You also have the option of transfer to a four year college.

The following specialized courses must be taken in addition to Associate of Science degree requirements.

First Quarter
Recreational & Park Agency Orientation
Physical Education Activity
Foundations of Recreation
General Psychology

Second Quarter
Recreation Leadership
General Psychology
Physical Education Activity
Creative Crafts

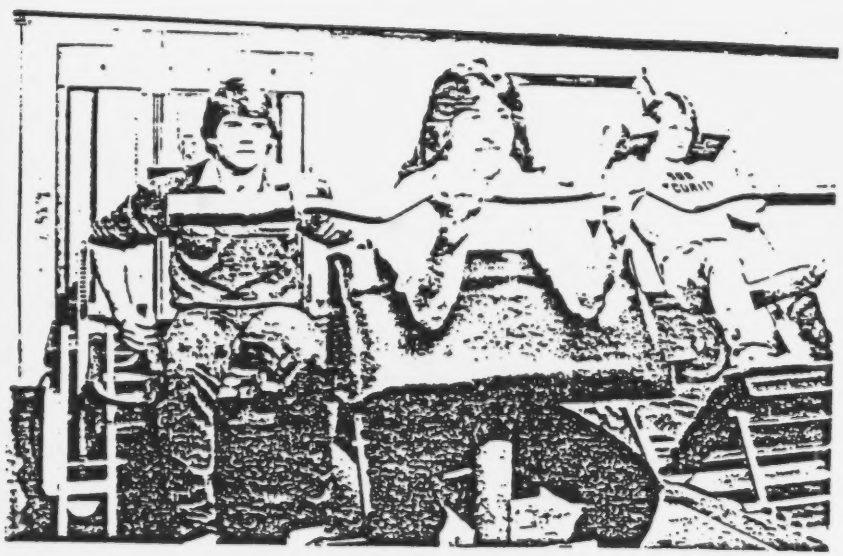
Third Quarter
Recreation & Games Activity
Physical Education Activity
First Aid
Recreation Seminar I

Fourth Quarter
On-the-Job Training

Fifth Quarter
Program Planning & Organization
Sociology
Physical Education Activity
Recreation Seminar II

Sixth Quarter
Physical Education Activity
Recreation Seminar III

Seventh Quarter
Health
Physical Education Activity
Camp Counseling



Graduate with experience

Skill-oriented coursework combined with field experience in Rehabilitation Studies will provide you with the necessary knowledge, skills, and experience for successful employment.

If you choose to begin your career immediately following graduation from Iowa Lakes Community College, our staff will assist you in finding a job.

Counselors will also help you plan for a smooth transition if you wish to transfer your credits to a bachelor's degree program.

Financial aid

If finances are a problem, the financial aid advisors can help. There are many financial assistance options available.

To find out more about admissions procedures or financial aid options, call our Admissions Office toll-free at 1-800-242-5106 (outside Iowa, 712-362-2604) or visit the Estherville campus, 300 South 18th Street, Estherville, Iowa 51334.

In compliance with Title IX of the Civil Rights Act, Iowa Lakes Community College does not discriminate in its educational programs and activities on the basis of race, national origin, color, religion, sex, age, or handicap.

IOWA LAKES COMMUNITY COLLEGE

Estherville Campus
300 South 18th Street
Estherville, Iowa 51334
In Iowa Call Toll-Free 1-800-242-5106
Outside Iowa Call 712-362-2604

IOWA LAKES COMMUNITY COLLEGE

Rehabilitation Studies

A career in Rehabilitation is . . .

Challenging

Develop skills to support your courses with a challenging career option program in Rehabilitation Studies.

As a two-year graduate, you will be prepared to take a job or transfer your credits to a four-year bachelor's degree program. The program includes all phases of rehabilitation (behavior orientation as well as training of the mentally retarded and developing skills in behavior modification and task analysis) and you can choose a particular interest area.

Study supported by skills

You'll have the opportunity to develop a wide range of skills needed to help the physically, mentally, or emotionally handicapped make the most of their abilities and to learn what they can do for themselves.

Through your studies you'll develop an understanding of the problems faced by physically, emotionally, or mentally disabled persons. Your studies will include strategies for managing client behavior as well as evaluating and documenting needs and strengths. The skill-oriented courses are planned in sequence for you.

Supervised work experiences in a variety of rehabilitation settings will help you choose an area of specialization. During three quarters your coursework will be complemented by internships of six to eight hours of work per week. During another eight-week period, you will complete a field practicum of 40 hours per week. That means that you'll have logged work experience of nearly 500 hours in your field by the time you complete your program. Think of the competitive edge you will have from an employer's point of view. The work experience can also make advanced study more relevant for you.

Helping others reach their potential

Upon completion of the program, you will be qualified for a wide variety of employment opportunities in places such as schools, group homes, or sheltered workshops. Your job could be working alongside other men and women as a supervisor, residence supervisor, sheltered workshop coordinator, educational aide, job coach, or rehabilitation planner. The jobs are people-oriented and aimed at helping the disabled to achieve educational or independent living goals.

Your credits will transfer to a four-year bachelor's degree program for further study in areas such as physical therapy, occupational therapy, recreation therapy, special education, psychology, or rehabilitation.

As a member of the rehabilitation team, you will be closely involved with the emotional, social, mental, and physical well-being of handicapped individuals.

The demands are great; but so are the rewards.

Learning Resource Center

The Learning Resource Centers at ILCC have developed and expanded from the traditional library to a comprehensive department vital to keeping pace with the Technology of business and industry. The following services are provided by the Learning Resource Centers:

-To support and enrich classroom instruction.

-To make available remedial and developmental programs to help underprepared students.

-To assist in the delivery of counseling and tutorial services.

-To encourage new teaching methods and delivery systems from adult basic education through college instruction and general interest courses.

-To provide print and nonprint materials for instructional and leisure use.

-To provide a variety of ancillary services including the scheduling of audio-visual equipment, duplication services, closed circuit TV system, make-up test assistance, and test correction services to teaching faculty.

-To provide educational opportunities to students and residents of the area.

-To provide an assessment process for freshman students.

DISCOVER

DISCOVER is a computer assisted career information and guidance system available in the Learning Resource Centers at both Emmetsburg and Estherville. No special training or experience with is necessary. At every point the computer provides questions or instructions on the monitor written in simple everyday language. The system can be entered at any point; desired information can be explored in any sequence; and a printed record can be made for future reference.

Admissions and Tuition

Iowa Lakes Community College has a general policy of admitting all individuals into college transfer, career option, vocational and technical programs who have either a high school diploma or its GED equivalent. If you have not completed high school, adults may also be admitted on an individual basis to some programs.

Enrollment in many ILCC programs is limited; some are full as early as December or January for the following fall term. Applicants are encouraged to apply for admission as soon as possible. You will be accepted to ILCC beginning September 1 the year prior to enrollment.

Admission is granted on a continuous first come basis as applicants complete the following process:

— An application form must be completed and submitted to the Admissions Office at which time you will be notified of additional requirements.

— Submit a non-refundable $10 application fee.

— Visit the college for an interview with program advisors in all career option, vocational and technical programs. You will be notified if an interview is required.

— A final high school transcript will be required prior to enrollment but will not affect acceptance for admission.

ILCC has low tuition costs. If you plan to transfer to a four year institution, attending ILCC will help lower the cost of your education.

Costs for tuition and fees are listed below. Students should also consider costs for books, lab fees, housing, food, transportation and personal expenses.

Iowa & Minnesota Residents

Full time costs per quarter:

Tuition	$270.00
Activity Fee	18.35
Materials Fee	17.00
TOTAL	$305.35

Part time tuition is $25.75 per credit hour.*

Out-of-State Residents

Full time costs per quarter:

Tuition	$405.00
Activity Fee	18.35
Materials Fee	17.00
TOTAL	$440.35

Part time tuition is $38.65 per credit hour.*

*You are considered part time if you take less than 12 hours per quarter.

All tuition and fees are subject to change by action of the Board of Directors of the college.

NURSING REQUIREMENTS

1. Completion of the ILCC application form.
2. Payment of a nonrefundable $10 processing fee.
3. A campus visit which will include an interview with a nursing instructor.
4. Receipt at ILCC of final high school transcripts and transcripts of any prior college work.
5. Results of the ACT test.
6. Personal resume.
7. Three written references.
8. ILCC medical form and immunizations.
9. Applicant must be 18 years of age to write state licensing exams.

AVIATION REQUIREMENTS

1. Personal interview with instructor/coordinator.
2. Second class aviation physical required.
3. Reference from high school guidance counselor or other responsible person.
4. Complete formal ILCC application.
5. Nonrefundable $10 processing fee.
6. Nonrefundable $90 holding fee to be applied to Flight Lab fees. This fee will not be required until you have been approved for admission.

DMACC

Program Information Brief
Des Moines Area Community College
2006 S. Ankeny Blvd., Ankeny, Iowa 50021
(515) 964-6241 or toll free 1-800-362-2127, ext. 241

DEVELOPMENTAL DISABILITIES - ASSOCIATE

July 1986

The Developmental Disabilities Associate degree is designed to build on those skills acquired in the Developmental Disabilities Diploma program and to broaden a student's background in general education. Further competence in working with the handicapped is developed through additional field practicum experience.

Students who have completed the Developmental Disabilities Diploma program and the requirements below will be awarded a Developmental Disabilities Associate in Science degree. Graduates of the program may choose to transfer to a four-year institution or work in one of the many areas providing services to the developmentally disabled individual.
Locations: Ankeny

Program Entry Requirements

Complete an application and attend any required orientation/information sessions. Students start any term.

Graduation Requirements

To earn a Developmental Disabilities AS degree, a student must complete the standard core requirements for the degree, plus the required Developmental Disabilities courses and options, and maintain a 2.0 grade point average.

	Required Courses	
	Complete AS Degree Core Requirements	22
CHLD160	Human Growth	4
CHLD240	Emergency Care	1
CHLD260	Observation/Guidance-Children	3
DEVD260	The Excectional Individual	3
DEVD261	Programs For Mentally Retarded	3
DEVD262	Health Care	3
DEVD264	Programs/Physically Handicapped	3
DEVD265	Multicategorical Disorders	3
DEVD266	Speech And Hearing Disorders	2
DEVD460	Practicum I	2
DEVD461	Practicum II	4
DEVD462	Developmental Disab Assoc Practicum	4
	Elective Courses	
	Electives	7

Fixed Costs:

Tuition	$28 per credit
Service Fee	$3.50 per credit
Admission Fee	$25 one-time acceptance fee
Activity Fee	$.95 per credit
Graduation Fee	$20 payable at registration prior to graduation

Varied Costs:

	Term 1	Term 2	Term 3	Term 4
Books (approximate)	125	110	110	110
Supplies	35	35	25	25

Approximate total for program: $2692.00

Fixed Costs:

Tuition	$28 per credit
Service Fee	$3.50 per credit
Admission Fee	$25 one-time acceptance fee
Activity Fee	$.95 per credit
Graduation Fee	$20 payable at registration prior to graduation

Varied Costs:

	Term 1	Term 2
Books (approximate)	125	115
Supplies	35	30

Approximate total for program: $1551.00

What Kind of Work Will You Do?

- Implement educational programs for individuals or small groups.
- Prepare classroom materials and displays.
- Assist children with the development of self-help skills.
- Supervise snack and meal times.
- Plan and supervise recreational activities.
- Attend professional meetings and parent conferences.

What Skills and Abilities Will You Need?

- Demonstrate responsibility and dependability on the job.
- Demonstrate patience and understanding.
- Plan and carry out activities appropriate for each individual child/client.
- Establish good relationships with children/clients and their parents/guardians.
- Work cooperatively with other staff members.
- Make decisions and stay calm.

What Else Should I Consider about this Program or Career Choice?

- Students must have transportation to their practicum site both fall and spring terms.

Associate in Science Degree

CORE REQUIREMENTS

A. COMMUNICATIONS - 9 credits

ENGL: 115
ENGL: 117 } choose two courses
ENGL: 118
and
SPCH: 110

B. SOCIAL & BEHAVIORAL SCIENCES - 6 credits

ANTH: 120, 121
ECON: 101, 102
GEOG: 141, 147 148
HIST: 121, 122, 124, 125
PLSC: 111, 112, 121, 122 126
PSCH: 101, 102, 103, 104, 105, 106
SOCY: 101, 102, 103, 105

C. MATHEMATICS & SCIENCES - 4 credits

1. Student must have taken 2 years of high school algebra OR take at least one math course numbered 100 or above.

BIOL: 116, 119, 126, 127, 128, 130, 145, 146, 147, 148, 149
CHEM: 120, 131, 132, 151, 152, 161, 126
PHYL: 102, 103, 106, 111, 112, 121, 122
RSAD: 152
MATH: 115. 118. 119. 121. 123. 124. 129. 130. 132

D. HUMANITIES - 3 credits
Select from the following:

ARTS: 101
DRAM: 110
FORL: 120. 121, 122, 130, 131
HUMN: 115, 133
HIST: 121, 122
LITR: 120, 121, 122, 123, 125, 126, 127
MUSI: 130, 131
PHIL: 110, 111, 112, 113

CORE REQUIREMENTS -- 22 credits

TOTAL DEGREE REQUIREMENTS -- 64 credits

ELECTIVES:

1. Student may include no more than 16 semester credit hours of Vocational courses.
2. Student may include no more than 4 semester credits of Adapter courses (designated as "A").
3. Student may include no more than 8 semester credits of Independent Study courses; no more than 4 semester credits of Independent Study may be earned in any single semester.

Following are examples of the many degree options which exist within the proposed AS degree.

C	G	O	V
22	42	0	0
48	0	0	16
22	26	0	16
22	0	42	0

(EFFECTIVE - FALL, 1988)

COURSE	CREDITS QTR.	CREDITS SEM.
TOTAL		

TOTAL		

TOTAL		

TOTAL		

TOTAL		

ELECTIVES

TOTAL		

APPENDIX G

GLENWOOD STATE HOSPITAL & SCHOOL

SECTION I:
NEW EMPLOYEE ORIENTATION

Schedule for 48 hour new employee orientation.

1986 NEW EMPLOYEE ORIENTATION SCHEDULE

GENERAL ORIENTATION:

Day 1:

8:00 - 8:30	Introduction & Slide Presentation of GSHS	Donna Mayer, Training Officer, Staff Development
8:30 - 9:05	Ohio Literacy & Pre-Test	Donna Mayer, Training Officer, Staff Development
9:05 - 9:25	Film, "World of the Right Size"	Donna Mayer, Training Officer, Staff Development
9:25 - 9:40	Break	
9:40 - 10:40	Classification and Treatment of Mental Retardation	Dr. Eugene Egnoski, Lead Psychologist Ron Fanto, Psychologist, D&E Clinic
10:40 - 11:30	Team Concepts	Program Administrators (rotate)
11:30 - 12:15	Lunch	
12:15 - 1:15	Policies & Procedures	Steve Hoff, Director of Staff Development
1:15 - 1:20	Discussion	
1:20 - 2:15	Policies & Procedures	Steve Hoff, Director of Staff Development
2:15 - 2:30	Break	
2:30 - 3:30	Resident/Employee Interactions	Diane Diamond, Psychologist, Area 4 Karen Roenfeld, Psychologist, Area 2 Russ Moulton, Psychologist, Area 2 Jim Ellison, Psychologist, Area 2 Larry Lindblom, Psychologist, Area 4
3:30 - 3:35	Discussion	
3:35 - 4:30	Restraint Policy & Completion of Restraint Logs	Donna Mayer, Training Officer, Staff Development

Day 2:

8:00 - 9:00	Restraint Policy & Completion of Restraint Logs	Donna Mayer, Training Officer, Staff Development
9:00 - 9:20	Nutrition	Therapeutic Dietitians (rotate)
9:20 - 9:35	Introduction to AFSCME	Sue Snapp, Education Aide, DTY

Day 2: (continued)

9:35 - 9:50	Break	
9:50 - 10:30	Affirmative Action	Harley Cooper, Chairman, Affirmative Action Committee
10:30 - 11:30	Assessment, Intervention, & Documentation for Intervention with Self-Injurious Behavior	Chuck Jacklitch, Training Officer, Staff Development
11:30 - 12:15	Lunch	
12:15 - 12:45	Dynamics in Care and Treatment of Mental Retardation	Chaplain Robert Morse
12:45 - 1:15	H.E.A.T.T.S. Presentation	H.E.A.T.T.S. Staff (rotate)
1:15 - 1:20	Discussion	
1:20 - 2:15	Emergency & Safety Procedures	Bob Ruffino, P.M. Administrator, Safety Committee Chairman
2:15 - 2:30	Break	
2:30 - 4:00	Gestural Communications	Susan Gary, Audiologist Donna Mayer, Training Officer, Staff Development
4:00 - 4:25	Study Time	
4:25	Dismissal from Class	

Day 3:

8:00 - 8:20	Slide Presentation, "Francis"	Donna Mayer, Training Officer, Staff Development
8:20 - 8:50	Social Work at GSHS	Social Workers (rotate)
8:50 - 9:45	Post-Test & Evaluation	Donna Mayer, Training Officer, Staff Development
9:45 - 10:00	Break	

AREAS OF CONCERN: SEIZURES, INFECTION CONTROL, AND BODY MECHANICS:

10:00 - 4:30	Pre-Test	Inge Grosse, LPN, Health Care Division, Staff Development
	Seizure Conditions	Inge Grosse, LPN, Health Care Division, Staff Development

Day 3: (continued)

	Infection Control	Ruth Hurst, RN, Infection Control Nurse and Nurse Epidemiologist
	Body Mechanics	Luceille Sheer, RN, Training Officer, Health Care Division, Staff Development
	Post-Test & Evaluation	Luceille Sheer, RN, Training Officer, Health Care Division, Staff Development

Day 4:

8:00 - 4:30	American Red Cross First Aid	Donna Mayer & Connie Brown, Certified American Red Cross First Aid Instructors

THE MANDT SYSTEM FOR MANAGING NON-AGGRESSIVE AND AGGRESSIVE PEOPLE:

Day 5:

8:00 - 4:30	The Mandt System	Certified Mandt System Trainers: Chuck Jacklitch, Donna Mayer, & Connie Brown, Staff Development; Jay Wright & Corinne Boldra, Area 1; Karen S. Roenfeld, Tom Weber, & Diana Williams, Area 2; Pam Holmes, Area 3; Jill Fender & Karen A. Roenfeld, Area 4; Gary Cameron, Joan Lawler, Stan Vogel, & Audrey Rol, H.E.A.T.T.S.

UNIT ORIENTATION: (for RTWs only)

Day 6:

8:00 - 8:30	Pre-Test	Chuck Jacklitch, Training Officer, Staff Development
8:30 - 9:00	Move to Unit Course Objectives	Chuck Jacklitch, Training Officer, Staff Development
9:00 - 9:30	Kitchen Appliances	Chuck Jacklitch, Training Officer, Staff Development
9:30 - 10:15	Food and Nutrition Services	Therapeutic Technicians (rotate)
10:15 - 10:30	Break	
10:30 - 11:30	Food and Nutrition Services	Therapeutic Technicians (rotate)
11:30 - 12:30	Serving Lunch and Clean Up	

Day 6: (continued)

12:30 - 1:00	Lunch Break	
1:00 - 2:30	Cleaning and Tour of House	Chuck Jacklitch, Training Officer, Staff Development
2:30 - 3:00	Break & Move Back to Staff Development	
3:00 - 4:00	Inventory Control Safety	Chuck Jacklitch, Training Officer, Staff Development
4:00 - 4:30	Post-Test & Evaluation	Chuck Jacklitch, Training Officer, Staff Development

cb

I. NEW EMPLOYEE ORIENTATION: Class Size Limitations = Minimum of 5 enrollees.

The New Employee Orientation is intended for ALL newly hired GSHS employees. The purpose of the orientation process is to acquaint the new employee with Glenwood State Hospital-School, its purpose, operation, and philosophy; and to initially provide the new employee with the information and skills needed to make a successful adjustment to the actual new job situation. The orientation class is 40 hours in length for all employees except RTWs, who must attend an additional 8-hour RTW unit orientation class. The New Employee Orientation is divided into five separate units as listed below:

	UNIT I	UNIT II	UNIT III	UNIT IV	UNIT V
Class #	General Orientation (8:00-4:30)	The Mandt System (8:00-4:30)	First Aid (8:00-4:30)	Areas of Concern: Seizures, Infection Control, & Body Mechanics (8:00-4:30)	RTW Unit Orientation (8:00-4:30)
1	Jan. 2, 3	4	7	8	9
2	Jan. 14,15	16	17	18	
3	Jan. 28,29	30	31	Feb. 1	4
4	Feb. 11,12	13	14	15	
5	Feb. 25,26	27	28	Mar. 1	4
6	Mar. 11,12	13	14	15	
7	Mar. 25,26	27	28	29	Apr. 1
8	Apr. 8, 9	10	11	12	
9	Apr. 22,23	24	25	26	29
10	May 6, 7	8	9	10	
11	May 20,21	22	23	24	28
12	June 3, 4	5	6	7	
13	June 17,18	19	20	21	24
14	July 1, 2	3	5	8	
15	July 15,16	17	18	19	22
16	July 29,30	31	Aug. 1	2	
17	Aug. 12,13	14	15	16	19
18	Aug. 26,27	28	29	30	
19	Sept. 9,10	11	12	13	16
20	Sept. 23,24	25	26	27	
21	Oct. 7, 8	9	10	11	14
22	Oct. 21,22	23	24	25	
23	Nov. 4, 5	6	7	8	12
24	Nov. 18,19	20	21	22	
25	Dec. 2, 3	4	5	6	9

Unit I - General Orientation:

This unit is 16 hours in length and is designed to be primarily informational in nature. It covers such topics as policies and procedures, the interdisciplinary

treatment team concept, introduction to mental retardation, care and treatment of the mentally retarded client, the role of the different professional and support services, as well as other topics. A slide presentation of a day in a resident's life, "Francis," is also included.

Unit II - The Mandt System for Managing Non-Aggressive and Aggressive People:

This class is 8 hours in length and is designed to teach the student a system of graded alternatives, using psychological and physical techniques, that he/she can use in managing the non-aggressive and aggressive clients he/she will be working with. The goal of the class is simply to reduce injury and eliminate abuse to clients displaying acting out or aggressive behaviors, and to reduce the amount or extent of injuries to the staff dealing with these clients.

Unit III - First Aid:

This unit is 8 hours in length and trains the employee to give immediate and temporary care to an injured person in an emergency situation until a physician or qualified medical help arrives. Successful completion of this unit entitles the student to an American Red Cross first aid card, which is valid for three years.

Unit IV - Areas of Concern: Seizures, Infection Control, & Body Mechanics:

This unit is 8 hours in length and is divided into three sections. Section I deals with symptom recognition, immediate care, and the reporting and recording of seizure activity. Section II teaches the principles of infection control in regard to germ growth and infection spread in the work environment. In Section III, body mechanics, the student will learn principles designed to minimize stress and strain to the body caused by physical activity.

Unit V - RTW Unit Orientation:

This class is 8 hours in length and is designed to give the new RTW employees basic knowledge about the living units they will be working on. This instructional unit is broken into two sections. One section deals with the food and nutrition standards that affect the RTWs who work on the units. The other section deals with the support service areas of (1) fire and safety, (2) domestic service operations, (3) general care and usage of appliances, (4) general maintenance concerns, and (5) the principles and procedures needed by the RTWs to keep their units clean and germ free.

In this class, the RTW will receive two home-study packets. The first one is the Food and Nutrition Service home-study course in sanitation. It should be completed and returned to Food and Nutrition Services, campus mail routing #12. The second packet is an Environmental Maintenance home-study course. When this packet is completed, the RTW's supervisor should notify Chuck Jacklitch so that a time can be set up for the RTW to take a post-test over the material. When the RTW passes the post-test, a time will be set up for the RTW to perform a clinical examination in the area where he/she works.

NOTE: The Environmental Maintenance home-study course takes the place of the Environmental Maintenance class which used to be offered by Staff Development. Therefore, this home-study packet will be made available to all staff, not just new RTW employees. To schedule someone for this, contact Chuck Jacklitch at extension 222.

This class is scheduled to be held on the sixth day of every other orientation class (i.e., the RTWs who attend the December 3-7, 1984, orientation and the RTWs who attend the January 2-8, 1985, orientation are automatically enrolled in the RTW Unit Orientation class held on January 9). It is a mandatory part of orientation for all RTW employees; therefore, it needs to be completed within their probationary period.

NOTE: Special RTW Unit Orientation classes may be scheduled in the event of large orientation classes.

All staff must complete the entire five-day, 40-hour orientation class, with all RTWs completing a sixth day (8 hours) within the first month of employment. SATISFACTORY COMPLETION OF ALL UNITS OF THE NEW EMPLOYEE ORIENTATION CLASS IS A MANDATORY PREREQUISITE TO ALL OTHER FORMS OF STAFF DEVELOPMENT TRAINING FOUND IN THIS SCHEDULE AND IS A MAJOR FACTOR IN DETERMINING THE PERSON'S CONTINUING EMPLOYMENT AT GSHS! All exemptions from the New Employee Orientation need to be obtained from the Management Team! All retakes and rescheduling should be coordinated with Donna Mayer (ext. 222) through the Staff Development Department before any employee is reprocessed through the orientation class. Employees re-hired within a one-year period of time need not retake the orientation class provided that they had previously passed all units of the orientation class successfully! Competency requirements, course objectives, and course outlines for each unit are available upon request.

Section II:
BASIC SKILLS (RTW) CLASS

Schedule for 88 hour RTW
(Resident Treatment Worker) class.
Direct care staff training.

BASIC SKILLS RTW CLASS—UNIT I

SCHEDULE FOR 60 HOURS

DAY #1

8:00 a.m. Attendance—Pre-test

9:00 a.m. Overview of Unit I
- Manuals, assignment meterials, explanations

9:15 a.m. Purpose and General Philosophy of GSHS
- Responsibilities of the employees toward the resident—ethical interactions

9:50 a.m. Break and travel to Area IV

10:15 a.m. Visitation to Augiology Suite
- Demonstration of use and care of hearing aids
- Hearing evalutions
- Audiology Report Forms

10:30 a.m. Clinical experience using "Resident Data Form"
- Area IV - Three groups

11:45 a.m. Travel and lunch break

12:30 p.m. Early Development - Three Hours
- Prenatal
- Infancy
- Early and late childhood
- Critical periods which may affect development

3:30 p.m. Break

3:45 p.m. Reports on "Resident Data Form" information
- Selecting important factors for resident interactions

4:25 p.m. Dismissed

DAY #2

8:00 a.m. Prenatal causes of mental retardation

9:30 a.m. Break

9:45 a.m. Central Nervous System - "Geography of the Brain" and "Memory"
- How arrested development can result from brain damage

11:30 a.m. Lunch

D.Y #2 (Cont.)

12:15 p.m. Sequences of Motor Development

1:15 p.m. Wheelchair adaptations

2:15 p.m. Break

2:30 p.m. Brain damage causing Cerebral Palsy
- Definition
- Types

3:30 p.m. Sequences of Intellectual Development

4:25 p.m. Dismissed

DAY #3

8:00 a.m. Sequences of Language Development

9:00 a.m. Quiz - Early Development

10:05 a.m. Travel and break

10:30 a.m. Evaluating the residents and programming for Speech Therapy
- Area Speech Therapist
- Language Development Quiz

12:00 p.m. Lunch

12:45 p.m. Serendipty Quiz (opinion quiz - ungraded)
- Psychology of the Handicapped - Ruth Webb, Ph.D.

2:00 p.m. Developmental Therapy/Youth Program
- Mr. Renner, Admistrative Assistant, DTY

2:15 p.m. Staff Library
- Claire Osterholm, Librarian

2:30 p.m. Break

2:45 p.m. Prevotational Experience Program
- Tours

3:45 p.m. Lectures and Slides - Classroom A

4:55 p.m. Dismissed

DAY #4

8:00 a.m. Nutrition and Food Services - Clinical Dietitian Nutrients
- Diet Planning

10:00 a.m. Break

10:15 a.m. Factors involving a pleasant eating experience
- Feeding and assisting the helpless resident
- Assessing oral function

11:30 a.m. Dining Room observations

12:00 p.m. Lunch

12:45 p.m. Discussion of Dining Room observation

1:00 p.m. Reporting and Recording
- Unit record forms and order

2:00 p.m. Break

2:15 p.m. Rules of charting

DAY #5

8:00 a.m. Continue Recording
- Practice of written reporting
- Writing overt statements
- Quiz

9:45 a.m. Break

10:00 a.m. Infection Control

10:30 a.m. Personal Care
- Oral Hygiene
- Skin and Nail Care
- Quiz

11:30 a.m. Lunch

12:15 p.m. Measuring and Recording Vital Signs
- Temperature Procedure - Oral and Rectal
- Radial Pulse Procedure
- Respiration Procedure

DAY #5 (Cont.)

2:00 p.m. Break

2:15 p.m. Principles of Lifting and Body Mechanics

3:00 p.m. Bath demonstration

4:00 p.m. Hot and Cold packs

DAY #6

8:00 a.m. Orientation to clinical wing

8:15 a.m. Orientation to the dental clinic

9:00 a.m. Clinical practice of wheelchair positioning

10:30 a.m. Break and Travel

11:00 a.m. Elimination
- Enema procedure
- Quiz

12:00 p.m. Lunch

12:45 p.m. Return Demonstrations
- Lifting
- Occupied Bed
- Enema

DAY #7

8:00 a.m. Clinical Experience - Resident Personal Care

12:00 p.m. Lunch

12:45 p.m. Data gathering on Individual Resident

4:25 p.m. Dismissed

DAY #8

8:00 a.m. Report to class on Resident data by each participant
- Submit completed assignments
- Return manuals

10:45 a.m. Break

11:00 a.m. Post-Test

12:00 p.m. Unit I Completed - Lunch

Unit II - Resident Programming

Schedule for 28 Hours

Day #8

12:45 p.m.	Pre-test
1:30 p.m.	Psychologist - Assessment, Goals, and Objectives
4:25 p.m.	Dismissed

Day #9

8:00 a.m.	Psychologist - Assessment, Goals, and Objectives
10:30 a.m.	Post-test
12:00 p.m.	Lunch
12:45 p.m.	Pre-test
1:30 p.m.	Psychologist - Behavior Modification
4:25 p.m.	Dismissed

Day #10

8:00 a.m.	Psychologist - Behavior Modification
12:00 p.m.	Lunch
12:45 p.m.	Psychologist - Behavior Modification
4:25 p.m.	Dismissed

Day #11

8:00 a.m.	Psychologist - Behavior Modification
10:00 a.m.	Simulated B-Mod Projects
12:00 p.m.	Lunch
12:45 p.m.	Simulated B-Mod Projects
3:30 p.m.	Post-test
4:25 p.m.	Dismissed

II. BASIC SKILLS (RTW) CLASS: Class Size Limitations = Minimum of 5 enrollees; Maximum of 14 enrollees.

This 88-hour course is intended to train entry level direct care staff, as soon after employment as possible, in the knowledge and skills necessary to perform his/her job effectively and efficiently. Developmental disabilities and related health care practices are the topics covered in the first 7½ days (60 hours), and assessment and programming for the GSHS resident population is covered in the remaining 3½ days (28 hours). The acquired skills are intended to be practiced under supervision. The course is divided into two distinct units as listed below:

	UNIT I	UNIT II
Class #	Developmental Disabilities and Related Health Care Practices (8:00-4:30 on the first seven days, then 8:00-12:00 on the eighth day)	Resident Programming (12:30-4:30 on the eighth day, then 8:00-4:30 on the remaining three days)
1	Jan. 14,15,16,17,18,21,22,23	23,24,25,28
2	Feb. 5, 6, 7, 8,11,12,13,14	14,15,19,20
3	Mar. 5, 6, 7, 8,11,12,13,14	14,15,18,19
4	Apr. 2, 3, 4, 5, 8, 9,10,11	11,12,15,16
5	May 6, 7, 8, 9,10,13,14,15	15,16,17,20
6	June 3, 4, 5, 6, 7,10,11,12	12,13,14,17
7	July 15,16,17,18,19,22,23,24	24,25,26,29
8	Aug. 20,21,22,23,26,27,28,29	29,30, Sept. 3, 4
9	Sept. 17,18,19,20,23,24,25,26	26,27,30, Oct. 1
10	Oct. 15,16,17,18,21,22,23,24	24,25,28,29
11	Nov. 13,14,15,18,19,20,21,22	22,25,26,27
12	Dec. 3, 4, 5, 6, 9,10,11,12	12,13,16,17

Unit I - Developmental Disabilities and Related Health Care Practices:

In this 60-hour unit, the students are first given a basic introduction to the processes of growth, maturation, and learning as it occurs in early development. These sequences are used as guidelines for establishing an appropriate approach to relating to the mentally retarded resident who demonstrates delays in motor, language, intellectual, and social development. Demonstrations will be performed for procedures on bathing, oral hygiene, lifting, positioning, nail and skin care, monitoring temperatures, hot and cold compresses. The student will learn to assess the resident for capabilities in self care, the extent of disabilities, and the health status. Other learning activities include food and nutrition, reporting and recording. Heavy emphasis is placed on the practical transfer of the subject material to establish a direct relationship between the reason care is given and the RTW's role in providing that care.

Unit II - Resident Programming:

This unit is 28 hours in length and is designed to instruct the student in the basic techniques of resident treatment programming. The first 8 hours teaches the student how to assess a resident using the AAMD Adaptive Behavior Scale (ABS), and how to write goals and behavioral objectives referenced to the assessment instrument. The remaining 20 hours covers basic behavior modification techniques.

In order to complete the Basic Skills (RTW) Class, the student must successfully pass each of the two units. Since each unit is independent from the other, they may be rescheduled separately. This means that if a student needs to be recycled through the RTW class, he/she need only attend the individual unit he/she failed or was absent from. He/She need not repeat the entire class! Likewise, if a student is absent from either of the units, this does not preclude him/her from entering into the next unit! All retakes and rescheduling for any of the units in the Basic Skills Class should be done prior to the beginning of each unit and coordinated through the appropriate Staff Development personnel. Unit I should be rescheduled through Luceille Sheer, and Unit II with Chuck Jacklitch or Steve Hoff. They may be reached by calling either ext. 222 or ext. 395. Competency requirements, course objectives, and course outlines are available upon request.

SECTION III:
ADVANCED SKILLS SECTION

III. ADVANCED SKILLS SECTION:

The Advanced Skills Section consists of four classes intended to give the experienced employee advanced instruction in the major skill areas of behavior, support services, and resident programming. Each class builds upon those skills already acquired in the New Employee Orientation Class and the Basic Skills (RTW) Class in order to provide quality care and treatment for our client population. Each class also contains a clinical practicum during which the student must physically demonstrate a working knowledge of the theories and skills learned in the classroom portion of the course.

A. Medication Class: Class Size Limitations = Minimum of 5 enrollees; Maximum of 12 enrollees.

This 48-hour course is a State of Iowa approved training program designed to certify medication aides to administer non-parenteral medication under licensed nursing supervision at GSHS. The names of people who successfully complete this course are sent to Iowa Western Community College, who in turn submits them to the State Department of Health for recording purposes. Iowa Western then issues a certificate of completion to each successful participant.

Prerequisites:
(1) Completion of one year work experience at GSHS.
(2) Successful completion of New Employee Orientation.
(3) Successful completion of both units of RTW class. (The content of these two units is equivalent to the developmental disabilities and related health care practices, support services, and resident programming units of the RTW class as taught between 1971 and 1982, inclusive.)
(4) Written approval by sponsoring Health Care Supervisor or designated R.N.
(5) A current American Red Cross first aid card.

Class #	Dates
1	February 21, 22, 25, 26, 27, 28
2	April 23, 24, 25, 30, May 1, 2
3	July 23, 24, 25, 30, 31, August 1
4	September 5, 6, 9, 10, 11, 12
5	October 30, 31, November 1, 4, 5, 6

Clinical checkouts for the dispensing of medication are required beyond the 48 hours of class time. Coordination and scheduling for the medication class is to be done through Ruth Hurst or Luceille Sheer in the Staff Development Department (extension 222). Competency requirements, course objectives, and course outlines are available upon request.

B. Measuring Blood Pressure: Class Size Limitations = Minimum of 2 enrollees; Maximum of 6 enrollees.

This is a 4 hour module which may require additional clinical practice and nursing supervision until the desired competency is acquired and maintained. The training

is intended for any CMA who is recommended by his/her Health Care Supervisor. It will be offered monthly, alternating the hours each month from 8:00 a.m. to 12:00 noon and 12:00 noon to 4:00 p.m. Class dates and times are as listed below:

8:00 a.m. to 12:00 noon:

Class #	Date
1	January 10
3	March 25
5	May 16
7	July 12
9	September 16
11	November

12:00 noon to 4:00 p.m.:

Class #	Date
2	February 1
4	April 22
6	June 18
8	August 19
10	October 14
12	December 16

Coordination and scheduling for the Measuring Blood Pressure class should be done through Luceille Sheer in the Staff Development Department (extension 222). Competency requirements, course objectives, and course outlines are available upon request.

C. Advanced Programming:

Due to the changes that have been made in the area of resident programming over the last few years, the class curriculum at the time of printing is being reviewed for revisions. When revisions have been completed, a memo will be issued specifying dates, times, and locations.

SECTION IV:
BASIC LIFE SUPPORT

IV. BASIC LIFE SUPPORT (CPR): Class Size Limitations = Minimum of 3 enrollees; Maximum of 6 enrollees.

Basic Life Support is a 9-hour course which is intended as an emergency first aid procedure that consists of recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation (CPR) to maintain life until a victim recovers sufficiently to be transported or until advanced life support is available. The student will be asked to physically demonstrate certain techniques in the Basic Life Support process. This will include clearing an obstructed airway, as well as the proper performance of CPR on a recording manikin. Class dates and times are as listed below:

A.M. Classes (8:30 a.m. - 11:30 a.m.)		P.M. Classes (2:30 p.m. - 5:30 p.m.)	
Class #	Dates	Class #	Dates
1	Jan. 8, 9,10	2	Jan. 29,30,31
3	Feb. 5, 6, 7	4	Feb. 19,20,21
5	Mar. 5, 6, 7	6	Mar. 19,20,21
7	Apr. 2, 3, 4	8	Apr. 16,17,18
9	May 7, 8, 9	10	May 21,22,23
11	June 4, 5, 6	12	June 18,19,20
13	July 9,10,11	14	July 23,24,25
15	Aug. 6, 7, 8	16	Aug. 13,14,15
17	Sept. 10,11,12	18	Sept. 24,25,26
19	Oct. 8, 9,10	20	Oct. 29,30,31
21	Nov. 5, 6, 7	22	Nov. 19,20,21
23	Dec. 3, 4, 5	24	Dec. 10,11,12

Upon successful completion of the course, students will be eligible to receive a Basic Rescuer Card (optional) from the American Heart Association, Iowa Affiliate. A $1.00 recording fee is required if the option is selected. This card is valid for one year. After one year from the date of completion, those wishing to recertify will go through the beginning Basic Life Support classes. Students will need to stay in class to watch the videotape, "CPR and the Citizen," listen to lectures, and spend the time necessary to pass the cognitive and physical requirements of the recertification process.

NEW: There will be over 20 additional Basic Life Support instructors available to train this course. If there is an instructor in your area or department, it will now be possible to form a class at any convenient time that an instructor and the minimum number of students can be present. The hours may be adjusted to the satisfaction of each group. The instructor will make arrangements through Staff Development for the training room and the equipment. Please contact these areas/departments or instructor for availability of the training:

Area I: Margaret Soergel, RN; Michele Jensen, RTS I
Area II: Debbie Howser, RTS I; Karen Jones, RN; Sandy Abbott, LPN; Pat Malcom, RN
Area III: Carol Maxwell, RN; Barbara Dilworth, RN
Area IV: Brenda Shafer, RN; Karen A. Roenfeld, RTS I; Carolyn Johnson, LPN
Nights: Cynthia Braithwait, RN
PEP: Eric Seitz, Voc. Rehab. Asst.; Dallas Killion, Voc. Rehab. Asst.; Linda Daffron, Voc. Rehab. Asst.

Domestic Services: Glen Travis, Custodial Worker
Clinical Wing: Lou Ann Cameron, Rad. Tech.; Vickie Lauenroth, RTW
Developmental Therapy/Adult: Renee Wake, RTW
Developmental Therapy/Youth: Ken Forney, Educator
Activities: Julie Hensley, Act. Specialist
Hydrotherapy: Lisa Smith, Act. Specialist; Pam Manning, RTW

Scheduling and coordination of this class is to be done with Connie Brown in the Staff Development Department (extension 222). Competency requirements, course objectives, and course outlines are available upon request.

Section V:
THE MANDT SYSTEM FOR MANAGING NON-AGGRESSIVE AND AGGRESSIVE PEOPLE

V. THE MANDT SYSTEM FOR MANAGING NON-AGGRESSIVE AND AGGRESSIVE PEOPLE:

A. The Mandt System (TMS): Class Size Limitations = Minimum of 5 enrollees.

This class is eight hours in length and is designed to teach the student a system of graded alternatives, using psychological and physical techniques that they can use in managing the non-aggressive and aggressive clients they will be working with. The goal of the class is simply to reduce injury and eliminate abuse to clients displaying acting out or aggressive behaviors and to reduce the amount or extent of the injuries to the staff dealing with these clients.

This class will be offered in three different ways this year:

(1) The class will be offered every two weeks on the third day of the New Employee Orientation class. This class is intended primarily for those new employees going through the orientation program. Scheduling for this class will be coordinated by Donna Mayer (extension 222). The class may be cancelled and the people rescheduled if there are less than five people in the class.

(2) The class will also be offered once a month and will be open to all employees who fall into the following categories:

(A) any employee who has not gone through the training yet;
(B) any employee who a Mandt System instructor and/or the supervisor feel should retake the class;
(C) any employee who has failed to pass the yearly proficiency test for recertification.

This class will be offered on the following dates:

Class #	Date
1	January 23
2	February 6
3	March 6
4	April 3
5	May 15
6	June 11
7	July 10
8	August 20
9	September 19
10	October 15
11	November 13
12	December 12

Scheduling for this class will be coordinated by Connie Brown, Donna Mayer, or Chuck Jacklitch in the Staff Development Department (extension 222).

(3) The class will be offered in entirety or in sections by certified Mandt System instructors in Areas I, II, III, IV, and in H.E.A.T.T.S. These classes may take the following forms:

(A) update/refresher courses;
(B) skill maintenance courses;
(C) special problem courses;
(D) full eight-hour recertification classes.

These classes should be scheduled through the instructors within your own area who are named below:

Area I
Corinne Boldra
Jay Wright

Area II
Tom Weber
Karen S. Roenfeld
Diana Williams

Area IV
Jill Fender
Karen A. Roenfeld

H.E.A.T.T.S.
Gary Cameron
Joan Lawler
Audrey Rol
Stan Vogel

Staff Development
Connie Brown
Donna Mayer
Chuck Jacklitch

Competency requirements, course objectives, and course outlines are available upon request.

NOTE: In order to assure that knowledge and skills acquired in this course are maintained and used effectively, it is required that everyone be recertified on a yearly basis.

B. Mandt System Instructors Class:

This is a 1½ hour class designed to update and refresh the knowledge and skills of the certified Mandt System instructors. The purpose of the class throughout the year will be to:

(A) provide updates on any new techniques;
(B) practice the skills and techniques the trainers already have;
(C) provide time to answer any questions the trainers might have;
(D) provide time to solve any problem that the trainers might have.

All Mandt System instructors are automatically enrolled in each of these classes. If an instructor is unable to attend a class, he/she should notify the Staff Development Department one week in advance. The class will be held in Classroom A or B of the Staff Development Department on the following dates:

Class #	Date	Time
1	January 10	8:30 to 10:00
2	March 8	8:30 to 10:00
3	May 29	8:30 to 10:00
4	July 11	8:30 to 10:00
5	September 5	8:30 to 10:00
6	November 15	8:30 to 10:00

Section VI:
RECERTIFICATION CLASSES

VI. RECERTIFICATION CLASSES:

The intent of the recertification series is to provide a convenient, in-house method for updating and renewing important skill areas. Towards this end, the GSHS Staff Development Department will offer three separate types of recertification classes in 1985. These include First Aid Renewal, Medication Recertification, and Basic Life Support Recertification.

A. First Aid Renewal: Class Size Limitations = Minimum of 6 enrollees; Maximum of 18 enrollees.

This is an eight-hour course designed to refresh the student in the skill areas of the American Red Cross Multimedia First Aid course. The content of the renewal class is similar to the original class and entitles each successful participant to a new Red Cross First Aid card good for another three years. The class will be offered on the following dates:

Class #	Date
1	January 22
2	February 20
3	March 20
4	April 17
5	May 14
6	June 26
7	July 26
8	August 21
9	September 18
10	October 16
11	November 14
12	December 11

Scheduling and coordinating of the First Aid Renewal class should be done through Donna Mayer or Connie Brown in the Staff Development Department (extension 222). Competency requirements, course objectives, and course outlines are available upon request.

B. Medication Recertification: Class Size Limitations = Minimum of 5 enrollees; Maximum of 20 enrollees.

This is an eight-hour course designed to provide for a renewal of CMA certification. At the present time, renewal every two years will meet the requirements for continuing education. Anyone formerly certified at GSHS and returning to employment should be evaluated by the Area Health Care Supervisor regarding recertification before resuming CMA duties. Individuals certified in another institution will be evaluated by the Area Health Care Supervisor on an individual basis regarding recertification. At the present time, successful completion of the CMA recertification class entitles the CMA to a renewed certificate issued by Iowa Western Community College. The class will be offered on the following dates:

Class #	Date
1	January 24

Class #	Date
2	March 7
3	May 16
4	June 13
5	August 22
6	October 3

Scheduling and coordination of the Medication Recertification class should be done through Ruth Hurst or Luceille Sheer in the Staff Development Department (extension 222). Competency requirements, course objectives, and course outlines are available upon request.

C. Basic Life Support Recertification:

Please refer to the information on Page 8 regarding Basic Life Support recertification.

SECTION VII:
MANAGEMENT AND SUPERVISORY TRAINING SERIES

VII. MANAGEMENT AND SUPERVISORY TRAINING SERIES:

The management and supervisory training series this year will consist of the following four separate sections: (1) In-House Training Section, (2) Individualized Training Section, (3) Reference and Resource Section, and (4) Film Festival Section. The overall goal will be to provide essential information pertinent to the management and supervisory job function. All of these classes are open to all current supervisory personnel, with many open to any interested personnel (these will be specified later in this section).

A. In-House Training Section:

The goal of this section is to provide Glenwood-specific information, training, and developmental opportunities to our management and supervisory employees. This section will include nine individual modules lasting from one to four hours in actual class time, with all of them being instructed by various in-house personnel. A brief explanation of each module will be found below, and the module times, dates, and locations will follow on a separate page. Coordination and scheduling of these modules should be done through Chuck Jacklitch in the Staff Development Department (extension 222). Class size limitations are listed within the descriptions for each module.

*Support Departments in this section refers to all departments not included in the treatment team areas, i.e., business office, personnel, H.E.A.T.T.S., food and nutrition services, etc.

NOTE: Modules #1, #2, #3, and #4 are open to all supervisory personnel, as well as other interested and concerned individuals working within the designated area.

Module #1: "Staff Development Communication Class"
This is a 1½ hour class in which Staff Development Department personnel will be available to give an explanation of their operation, and to answer any questions about any difficulties encountered by you in regard to their department. The class will be held in five sections this year so that it can be more area/department-specific. The specific areas and dates for the class are as follows:

#1A - Area I - January 11
#1B - Area II - February 1
#1C - Area III - March 21
#1D - Area IV - April 19
#1E - Support Departments - April 30

Class Size Limitations = Minimum of 10 enrollees;
Maximum of 30 enrollees.

Moderators: Steve Hoff, Connie Brown, Donna Mayer, Luceille Sheer, and Chuck Jacklitch.

Module #2: "Engineering/Maintenance Department Communication Class"
This is a 1½ hour class in which Engineering/Maintenance Department personnel will be available to give an explanation of their operation, and to answer any questions about any difficulties encountered by you in regard to their department. The class will be held in five sections this year so it can be more area/department-specific. The specific areas and the dates the class will be held are as follows:

#2A - Area II - January 15
#2B - Area III - February 7
#2C - Area IV - March 5
#2D - Area I - April 9
#2E - Support Departments - April 30
#2F - Area II - August 15
#2G - Area III - September 12
#2H - Area IV - October 22
#2I - Area I - November 7

Class Size Limitations = Minimum of 10 enrollees;
Maximum of 30 enrollees.

Moderators: Gene Nosekabel, and his supervisory staff.

Module #3: "Food and Nutrition Services Communication Class"
This is a 1½ hour class in which Food and Nutrition Services Department personnel will be available to give an explanation of their operation, and to answer any questions about any difficulties encountered by you in regard to their department. The class will be held in five sections this year so it can be more area/department-specific. The specific areas and the dates the class will be held are as follows:

#3A - Area III - January 17
#3B - Area IV - February 12
#3C - Area I - March 7
#3D - Area II - April 11
#3E - Support Departments - April 30

Class Size Limitations = Minimum of 10 enrollees;
Maximum of 30 enrollees.

Moderators: Judy Henne, and her supervisory staff.

Module #4: "Domestic Services Department Communication Class"
This is a 1½ hour class in which Domestic Services Department personnel will be available to give an explanation of their operation, and to answer any questions about any difficulties encountered by you in regard to their department. The class will be held in five separate sections this year so it can be more area/department-specific. The specific areas and dates the class will be held are as follows:

#4A - Area IV - January 21
#4B - Area I - February 14

#4C - Area II - March 12
#4D - Area III - April 23
#4E - Support Departments - April 30

Class Size Limitations = Minimum of 10 enrollees;
Maximum of 30 enrollees.

Moderators: Max Cupp, and his supervisory staff.

Module #5: "Inventory Control Procedures"
This is a two hour class designed to (1) inform supervisory staff of current inventory procedures, and (2) answer any questions supervisory staff may have about inventory control.

Class Size Limitations = Minimum of 5 enrollees;
Maximum of 25 enrollees.

Moderator: Kathy Anderson.

Module #6: "Utilization of RTW Staff as Program Aides in H.E.A.T.T.S."
This will be a two hour class that will discuss (1) the co-supervisory aspects involved, (2) problem areas encountered, and (3) positive developments that have evolved from using RTWs as program aides in the H.E.A.T.T.S. Department.

Class Size Limitations = Minimum of 5 enrollees;
Maximum of 25 enrollees.

Moderator: Harold Adams.

Module #7: "Glenwood Specific Safety Topics"
This is a two hour class designed to discuss and explain safety requirements that pertain to GSHS. A discussion of any supervisor's individual safety needs, or questions pertaining to safety topics will be included.

Class Size Limitations = Minimum of 5 enrollees;
Maximum of 25 enrollees.

Moderator: Bob Ruffino.

Module #8: "Resident/Employee Interactions Class"
This is a class designed to provide supervisory staff with information pertaining to and some explanation of the resident/employee interaction policy memorandum. The class will be approximately 2½ hours in length.

Class Size Limitations: Minimum of 5 enrollees;
Maximum of 25 enrollees.

Moderators: Diane Diamond, Karen S. Roenfeld, Chuck Jacklitch, Jim Ellison, Russ Moulton, Connie Brown, and Donna Mayer.

NOTE: This class may be offered at other times besides the one listed later in this catalog, upon request and availability of the moderators.

Module #9: "Current Concepts in Nutrition"
This is a three hour class designed to provide updated information on accepted practices in nutrition throughout the life cycle and in disease states. Topics may include fad diets, nutritional assessments, infant/toddler nutrition, etc.

Class Size Limitations = Minimum of 10 enrollees;
Maximum of 25 enrollees.

Moderators: Therapeutic Dietitians.

NOTE: This class is not limited to supervisory staff. Anyone interested may attend.

B. Individualized Instruction Section:

The goal of this section is to provide, on a one-to-one or small group basis, information, training, developmental opportunities, or update/refresher courses to managerial and supervisory employees. This section also plans to deal with specific individual problem areas that managerial and supervisory staff may run into. Below you will find a list of topics in which information and training can currently be given. Do not feel limited to just these topics, though. If you have a Glenwood-specific training problem, let Staff Development know and every effort will be made to provide the information needed.

All classes in this section will be taught on an "as needed" basis. Class length will depend on the topic and also on how much knowledge the supervisor has on the subject. Coordination and scheduling for this section should be done through Chuck Jacklitch in the Staff Development Department (extension 222).

1. Performance Evaluations
2. GSHS Inventory Process
3. Fire and Safety Procedures
4. Employee Scheduling
5. New House Training
6. Cleaning Procedures or Techniques
7. Medical Records Operation
8. Appropriate Dictaphone Usage
9. Timekeeping Procedures

C. Reference and Resource Section:

This section is designed to try to meet those specific educational or training needs of the supervisory and management personnel that aren't being satisfied by the Core courses or our own in-house courses. The goal is simply to provide reference and resource options (workshops, college courses, individuals with experience on a given subject) that the supervisory or management personnel can use to try to get the knowledge and/or training that they want. To make use of this section, you should send in memo form what you want or are looking for to Chuck Jacklitch in the Staff Development Department. Information, references, and resources will then be sent to you as soon as possible.

NOTE: The sending out of information, references, or resources from the Staff Development Department does not necessarily mean that Staff Development or Business Office funds can be used to reimburse any costs.

D. Film Festival Section:

The goal of this section is to provide management and supervisory staff the opportunity to view films on the many different topics that impact on their

everyday work life. No exact dates or times can be set for this section since we don't know when the films will be available. The way this section will work, then, is as follows:

1. Staff Development will request two or three films every one or two months.
2. When the films arrive, we will send out a memo with specific film titles, dates, and times when the films will be shown.
3. You can then sign up for any of the times you were able to attend.

Module #	Title of Training	Target Personnel	Module Size Limits	Date of Training	Time of Training	Location of Training
1A	"Staff Development Communication Class"	Area I's Existing and Prospective Supervisors	10 - 30	January 11	9:30 - 11:00	Area I Team Room
1B	"Staff Development Communication Class"	Area II's Existing and Prospective Supervisors	10 - 30	February 1	9:30 - 11:00	Area II Team Room
1C	"Staff Development Communication Class"	Area III's Existing and Prospective Supervisors	10 - 30	March 21	9:30 - 11:00	Area III Team Room
1D	"Staff Development Communication Class"	Area IV's Existing and Prospective Supervisors	10 - 30	April 19	9:30 - 11:00	Area IV Team Room
1E	"Staff Development Communication Class"	Support Department Personnel	10 - 30	April 30	9:30 - 11:00	Classroom B, Staff Development
2A 2F	"Engineering/Maintenance Department Communication Class"	Area II's Existing and Prospective Supervisors	10 - 30	January 15 August 15	9:30 - 11:00	Area II Team Room
2B 2G	"Engineering/Maintenance Department Communication Class"	Area III's Existing and Prospective Supervisors	10 - 30	February 7 September 12	9:30 - 11:00	Area III Team Room

Module #	Title of Training	Target Personnel	Module Size Limits	Date of Training	Time of Training	Location of Training
2C 2H	"Engineering/Maintenance Department Communication Class"	Area IV's Existing and Prospective Supervisors	10 - 30	March 5 October 22	9:30 - 11:00	Area IV Team Room
2D 2I	"Engineering/Maintenance Department Communication Class"	Area I's Existing and Prospective Supervisors	10 - 30	April 9 November 7	9:30 - 11:00	Area I Team Room
2E	"Engineering/Maintenance Department Communication Class"	Support Department Personnel	10 - 30	April 30	9:30 - 11:00	Classroom B, Staff Development
3A	"Food and Nutrition Services Communication Class"	Area III's Existing and Prospective Supervisors	10 - 30	January 17	9:30 - 11:00	Area III Team Room
3B	"Food and Nutrition Services Communication Class"	Area IV's Existing and Prospective Supervisors	10 - 30	February 12	9:30 - 11:00	Area IV Team Room
3C	"Food and Nutrition Services Communication Class"	Area I's Existing and Prospective Supervisors	10 - 30	March 7	9:30 - 11:00	Area I Team Room
3D	"Food and Nutrition Services Communication Class"	Area II's Existing and Prospective Supervisors	10 - 30	April 11	9:30 - 11:00	Area II Team Room

Module #	Title of Training	Target Personnel	Module Size Limits	Date of Training	Time of Training	Location of Training
3E	"Food and Nutrition Services Communication Class"	Support Department Personnel	10 - 30	April 30	9:30 - 11:00	Classroom B, Staff Development
4A	"Domestic Services Department Communication Class"	Area IV's Existing and Prospective Supervisors	10 - 30	January 21	9:30 - 11:00	Area IV Team Room
4B	"Domestic Services Department Communication Class"	Area I's Existing and Prospective Supervisors	10 - 30	February 14	9:30 - 11:00	Area I Team Room
4C	"Domestic Services Department Communication Class"	Area II's Existing and Prospective Supervisors	10 - 30	March 12	9:30 - 11:00	Area II Team Room
4D	"Domestic Services Department Communication Class"	Area III's Existing and Prospective Supervisors	10 - 30	April 23	9:30 - 11:00	Area III Team Room
4E	"Domestic Services Department Communication Class"	Support Department Personnel	10 - 30	April 30	9:30 - 11:00	Classroom B, Staff Development
5	"Inventory Control Operation"	Existing Supervisors and Inventory Contact Personnel	5 - 25	February 21	9:00 - 11:00	Classroom B, Staff Development

Module #	Title of Training	Target Personnel	Module Size Limits	Date of Training	Time of Training	Location of Training
6	"Utilization of RTW Staff as Program Aides in H.E.A.T.T.S."	Existing Supervisors and Other Interested Staff	5 - 25	April 4	9:00 - 11:00	Classroom B, Staff Development
7	"Glenwood-Specific Safety Topics"	Existing Supervisors and Other Interested Staff	5 - 25	July 9	2:00 - 4:00	Classroom B, Staff Development
8	"Resident/Employee Interactions Class"	Existing Supervisors and Other Interested Staff	5 - 25	April 5 October 17	9:00 - 11:30	Classroom B, Staff Development
9	"Current Concepts in Nutrition"	Existing Supervisors and Other Interested Staff	10 - 25	December 5	9:00 - 11:30	Conference Room A, Adm. Bldg.

SECTION VIII:
SECRETARIAL AND CLERICAL TRAINING SERIES

VIII. SECRETARIAL AND CLERICAL TRAINING SERIES:

The secretarial and clerical series will consist of two sections: (1) In-House Training, and (2) Reference and Resource Section. The overall goal for this training is to provide information pertinent to the clerical job function and to update existing clerical skills.

A. In-House Training Section:

The goal for this section is to provide Glenwood-specific information, training, and developmental opportunities to our secretarial and clerical staff. The training in this section can be accomplished with either group instruction or individual instruction. Some of the topics that may be covered are listed below, but other topics besides these can be offered if you let Staff Development know what you want.

Specific dates, as you will notice, have not been set for any of these classes; a memorandum will be sent out when dates and times have been determined. Coordination and scheduling for this section should be done through Chuck Jacklitch in the Staff Development Department.

1. Memory Typewriter
2. Computer Usage
3. Medical Terminology
4. Dictaphone Usage
5. Performance Evaluations
6. Data Processing
7. Word Processing
8. Timekeeping

B. Reference and Resource Section:

This section is designed to try and meet those specific educational or training needs of the secretarial and clerical personnel that aren't being satisfied by the Core courses or our own in-house courses. The goal is simply to provide references and resource options (workshops, college courses, individuals with experience on a given subject) that the secretarial and clerical personnel can use to try and get the knowledge and/or training that they want. To make use of this section, you should send in memo form what you want or are looking for to Chuck Jacklitch in the Staff Development Department. Information, references, and resources will then be sent back to you as soon as possible.

NOTE: The sending out of information, references, or resources from the Staff Development Department does not necessarily mean that Staff Development funds or Business Office funds can be used to reimburse any costs.

Section IX:
CORE COURSE TRAINING SERIES

IX. CORE COURSE TRAINING SERIES:

The goal of this section is to provide job-related and DHS specific workshops, training materials, and developmental opportunities to GSHS employees. These courses are offered by or contracted through the Central Office Staff Development Department. The following courses are already scheduled to be held on our campus on the dates specified. Other courses scheduled for the western region may also be held on our campus if a majority of the people enrolled work at GSHS. If officially enrolled, a memo from Central Office Staff Development will come out approximately three weeks before the class notifying you of the date, time, and location.

Enrollment procedure: Fill out a Central Office Core Course Request Form (PS-1112-0) and send it to the Staff Development Department (#48). We will then record your name on a participant list and forward your request form to Central Office. In this way, you will be enrolled in the course even if we can't get it on our campus.

A. Direct Service Courses:

1. "Dealing With Verbal Aggression" (DS-215)

   Length: One day
   Date: July 3
   Course Description: See page 26 of DHS Core Course Catalog.

B. Policy and Legal Courses:

None scheduled.

C. Management & Supervisory Courses:

1. "Supervision" (MS-100)

   Length: Two days
   Date: March 21-22
   Course Description: See page 83 of DHS Core Course Catalog.

2. "Performance Planning and Evaluation I" (MS-102)

   Length: Three hours (CIDS)
   Date: February 7; May 9; and September 5
   Course Description: See Page 84 of DHS Core Course Catalog.

3. "Management and Supervisory Mini-Sessions" (MS-110)

   Length: Four hours (CIDS)
   Date: February 13; May 15; and August 14
   Course Description: See page 88 of DHS Core Course Catalog.

4. "Motivation and Productivity of Employees" (MS-201)

   Length: One day
   Date: August 15
   Course Description: See page 90 of DHS Core Course Catalog.

5. "Dealing With Absenteeism" (MS-210)

   Length: Three hours (CIDS)
   Date: March 11; and June 10
   Course Description: See page 92 of DHS Core Course Catalog.

6. "Decision Making for Supervisors" (MS-214)

   Length: Two days
   Date: May 30-31
   Course Description: See page 94 of DHS Core Course Catalog.

D. Administrative Skills Courses:

1. "Information Update On . . ." (AD-120)

   Length: Four hours (CIDS)
   Date: February 20; May 14; and August 20
   Course Description: See page 112 of DHS Core Course Catalog.

E. Interpersonal Skills Courses:

None scheduled.

F. Health and Nutrition Courses:

1. "Sanitation and Safety in Food Service" (HN-102)

   Length: One day
   Date: May 14
   Course Description: See page 132 of DHS Core Course Catalog.

2. "Menu Planning and Modified Diets" (HN-104)

   Length: Two days
   Date: July 10-11
   Course Description: See page 133 of DHS Core Course Catalog.

3. "Stress Management/Burnout" (HN-107)

   Length: One day
   Date: August 27; and August 28
   Course Description: See page 135 of DHS Core Course Catalog.

SECTION X:
H.E.A.T.T.S. RELATED TRAINING SECTION

X. H.E.A.T.T.S. RELATED TRAINING SECTION:

This year the GSHS Habilitation Evaluation and other Ancillary Therapeutic Treatment Services department (H.E.A.T.T.S.) will be offering some job-related training classes for staff who work with residents in specific programmatic settings. Although taught by H.E.A.T.T.S. personnel, the scheduling and coordination of these classes will be handled by the Staff Development Department.

A. Interacting and Communicating with the Sensory Handicapped:

This is an eight hour class designed to increase staff's awareness and sensitivity to hearing and vision handicaps. Students will experience the effects of these handicaps. Students will learn techniques in how to socialize, communicate, and travel with the handicapped. Skills will be appropriate for use with hearing impaired, vision impaired, and deaf/blind residents. This is not a sign language class. Enrollment is open to all staff, and most relevant to staff with direct contact with residents and their supervisors.

This class will be held from 8:30 a.m. to 4:30 p.m. on the following dates:

June 11
June 13
September 17
September 19

Scheduling will be handled by the Staff Development Department (extension 222). Names must be submitted two weeks before the scheduled date. Class size will be limited to a minimum of 20 and a maximum of 35. Classes will be held in the large conference room at the Visitor/Communication Center, with lunch as part of the training activities.

Please refer to page 1 for specific enrollment procedures. Further information, course outline, and course objectives can be obtained from Susan K. Johnson at extension 241.

B. Hydrotherapy Staff Training:

1. Basic Water Safety:

This is a four hour course designed for non-swimmers, as well as swimmers. During the course, the student will become familiar with the accident and emergency procedures and safety rules at the Hydrotherapy Unit. The student will practice artificial respiration on an unconscious victim and proper use of the spine board. The student will perform non-swimming water rescues and safe methods of transferring wheelchair residents to and from dressing tables, shower chairs, and the water.

2. Introduction to Adapted Aquatics Aide:

This is a four hour course also designed for non-swimmers, as well as swimmers. During the course, the student will become exposed to games or fun activities used for water adjustment. The student will become familiar with, and demonstrate proper usage of, a skills assessment. The student will become familiar with basic swim skills (i.e., prone float, back float, and breath control), and how to teach them.

The courses B-1 and B-2 are intended to be completed prior to staff working with residents in the water and are restricted to staff working with residents in the Hydrotherapy Unit, such as unit staff, teachers, therapy staff, recreation staff, and program area aides. They may be taken as one 8-hour day or be taken as two half-day sessions. The courses will be offered every three months on the following dates in 1985:

Basic Water Safety		Introduction to Adapted Aquatics Aide	
January 7	8:00 to 12:00	January 7	12:30 to 4:30
January 15	12:30 to 4:30	January 15	8:00 to 12:00
January 24	8:00 to 12:00	January 24	12:30 to 4:30
April 2	8:00 to 12:00	April 2	12:30 to 4:30
April 10	12:30 to 4:30	April 10	8:00 to 12:00
April 18	8:00 to 12:00	April 18	12:30 to 4:30
July 9	8:00 to 12:00	July 9	12:30 to 4:30
July 17	12:30 to 4:30	July 17	8:00 to 12:00
July 25	8:00 to 12:00	July 25	12:30 to 4:30
October 7	8:00 to 12:00	October 7	12:30 to 4:30
October 15	12:30 to 4:30	October 15	8:00 to 12:00
October 25	8:00 to 12:00	October 25	12:30 to 4:30

The minimum class enrollment for these courses is 3, with a maximum of 12. For questions concerning class particulars, please contact Lisa Smith at extension 530. For enrollment procedures, see Staff Development enrollment procedures on page 1.

3. Advanced Lifesaving:

This is a 21 hour course designed to provide the staff with knowledge and skills to save the life of another in an emergency. It will provide the individual with aquatic safety knowledge to prevent an emergency situation. Class members should have adequate swim ability to complete the required skills: perform standing front dive, swim 500 yards continuously, surface dive to a minimum depth of eight feet and swim 20 feet underwater, tread water one minute, and strong swimming strokes.

This course is directed toward staff who frequently accompany residents to the Hydrotherapy Unit and will be offered every June, with the exact dates to be announced. The minimum enrollment for this course is 6, with a maximum of 10. For questions concerning class particulars, please contact Lisa Smith at extension 530. For enrollment procedures, see Staff Development enrollment procedures on page 1.

4. Water Safety Instructor (WSI):

Prerequisites: (1) 17 years of age or older.
(2) Current Advanced Lifesaving certificate.
(3) Swim skills at Swimmers skill level.

This is a 30 hour course, including 15 hours of class work and swimming and 15 hours of teaching in organized group lessons. There are outside class reading assignments and written work. The overall goal of this course is to train WSI candidates to teach effectively and safely the skills and knowledge for courses they will be qualified to teach.

The course is directed toward staff who frequently accompany residents to the Hydrotherapy Unit and will be offered in July of each year with exact dates to be announced. Minimum enrollment for this course is 6, with a maximum enrollment of 8. For questions concerning course particulars, please contact Lisa Smith at extension 530. For enrollment procedures, see Staff Development enrollment procedures on page i.

5. Adapted Aquatics Instructor:

Prerequisites: (1) Must have current WSI.
(2) 17 years of age or older.
(3) Must work with GSHS residents on a regular basis.

This is a 24 hour course designed to give its participants an understanding of various impairments, their symptoms and characteristics. Participants will gain an understanding of the effects that an aquatic program can have on the disabled and how to design such a program.

This course will be offered on an annual basis in the month of October, with the exact dates to be announced. The minimum enrollment for this course is 6, with a maximum of 12. For questions concerning course particulars, please contact Lisa Smith at extension 530. For enrollment procedures, see page i (Staff Development enrollment procedures).

APPENDIX H

TRAINING STANDARDS FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES

AND FROM

ACCREDITATION COUNCIL FOR SERVICES FOR MENTALLY RETARDED AND OTHER DEVELOPMENTALLY DISABLED PERSONS

18. Management and supervisory personnel should have responsibility for employee scheduling, job performance, and periodic rating of employees, interns, trainees, aides, and volunteers under their supervision.

19. The immediate supervisor should conduct a job performance evaluation for each staff member on a regular basis, and should document the results, review them with the staff person, and include them in the personnel file.

    a. The evaluation should involve an assessment of job performance in relation to work quantity and quality expectations set forth in the job description and/or the last performance evaluation.

    b. The evaluation should establish objectives for the next evaluation period.

* 20. The facility should encourage and support staff growth and development related to the attainment of facility goals and objectives through:

    a. The planned conduct of interdisciplinary and unit inservice training programs for which agenda are prepared. Inservice training programs are necessary for each service unit in order to maintain staff competency and to provide for growth and development. A variety of techniques should be utilized, such as staff meetings focused upon theoretical concepts or analysis of representative programs, training films, guest speakers, review of literature, etc.

    b. Ready access to relevant professional reference materials.

    c. The establishment, to the extent possible, of affiliations with universities and colleges to provide internship programs for the various disciplines represented in the facility. Internship programs are a part of essential training for all professional disciplines. As such, they provide the student with guided, progressive contact with those served in an actual work setting. They also provide the facility contacts with professional training institutions which stimulate and assist facility staff in keeping abreast of current professional developments. The planning and curriculum of an internship program is developed customarily between the facility and the specific institution which has agreed to enter into such an arrangement.

    d. Provision of opportunity for supplemental, continuing, or advanced education, based upon facility goals and the results of performance reviews of staff members.

    e. Provision of opportunities for research. The opportunity should be present and pursued by the facility for study and research into service methods, procedures, and results. This may be accomplished either by facility personnel or through arrangements with interested individuals or organizations such as nearby college or university programs.

    f. Budget provisions and time allocation to support these staff growth and development activities.

21. The chief executive or other senior staff members, as may be appropriate, should show evidence of both significant involvement in local, state, and national rehabilitation-related programs and should disseminate information obtained through such involvement to other staff members.

F. Fiscal Management

Principle

The facility should manage its fiscal affairs consistent with the purposes of the organization and in accordance with sound practices and legal requirements.

1. Financial operations should conform to legal requirements and should be based upon sound financial planning and prudent management of capital, operating income, and expenditures. Fundamentally, the fiscal management of the rehabilitation facility does not differ greatly from that of any business organization. Basic requirements are:

4.8 Staff Training

Definition

Staff training is an organized program to prepare new employees to perform their assigned duties competently, and to maintain and improve the competencies of all employees.

Principle

Because meeting the needs of developmentally disabled individuals requires the efforts of competent personnel who maintain currency with expanding knowledge in their fields, each agency must arrange for a staff training program.

Standards pertaining to all agencies

____4.8.1* The agency provides a staff training program. The staff training program includes:

____4.8.1.1* orientation for all new employees to acquaint them with the philosophy, organization, programs, practices, and goals of the agency;

____4.8.1.2* induction training for each new employee;

____4.8.1.3* inservice training for employees who have not achieved the desired level of competence, and opportunities for continuous inservice training to update and improve the skills and competencies of all employees;

____4.8.1.4* supervisory and management training for all employees in, or candidates for, supervisory positions;

____4.8.1.5 training programs designed to facilitate an increase in personal effectiveness, as well as lateral and upward movement;

____4.8.1.6* training in the interdisciplinary approach;

____4.8.1.7* training in implementing the principle of normalization;

____4.8.1.8 training in properly and competently assuming responsibility for talking with an individual's family concerning the individual's usual day-to-day activities;

____4.8.1.9* training in administering first aid, including the Heimlich maneuver, in the presence of accident or illness;

____4.8.1.10 current information concerning prevention;

____4.8.1.11 provision for educating staff members as research consumers;

____4.8.1.12 studies to assess the training needs of staff; and

____4.8.1.13 participation of appropriate staff.

4.8.2 Direct-contact personnel are trained in:

____4.8.2.1* detecting signs of illness or dysfunction that warrant medical or nursing intervention;

____4.8.2.2* basic skills required to meet the health needs and problems of the individuals served, and

____4.8.2.3* use of proper feeding techniques.

____4.8.2.4* Personnel are not assigned to work with individuals with seizure disorders and physical handicaps until they have received instruction in proper management of such individuals.

____4.8.2.5 Personnel working with individuals who present risk of injury to others receive specific training in physical intervention techniques, the aim of which is to prevent injury to either employees or individuals.

____4.8.3* Completed training is documented in each employee's personnel record.

4.8.4 The agency makes provisions for all staff members to improve their competencies through such means as:

____4.8.4.1 attending staff meetings;

____4.8.4.2 attending seminars, conferences, workshops, and institutes;

____4.8.4.3 attending college and university courses;

____4.8.4.4 visiting other agencies;

____4.8.4.5 participating in professional organizations;

____4.8.4.6 conducting research;

____4.8.4.7 publishing studies; and

____4.8.4.8 having access to a professional library.

____4.8.5 The services of consultants not directly associated with the agency are available to the staff of each of its programs.

____4.8.6* A staff member is designated to be responsible for staff training. This person has:

____4.8.6.1 an appropriate combination of academic training and relevant experience, and

____4.8.6.2 demonstrated competence in organizing and directing staff training programs.

____4.8.7 Adequate, modern educational media equipment (such as overhead, filmstrip, motion picture, and slide projectors; screens; models and charts; and video tape systems) is available to conduct the inservice training program.